

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)  | P.A. | C.M.N.        | FEE      |
|--------|----------|--|------|---------------|----------|
| A4206* |          | SYRINGE WITH NEEDLE STERILE 1CC                              |      |               | \$0.24   |
| A4207* |          | SYRINGE WITH NEEDLE STERILE 2CC                              |      |               | \$0.24   |
| A4208* |          | SYRINGE WITH NEEDLE STERILE 3CC                              |      |               | \$0.24   |
| A4209* |          | SYRINGE WITH NEEDLE STERILE 5CC OR GREATER                   |      |               | \$0.24   |
| A4210* |          | NEEDLE FREE INJECTION DEVICE                                 |      |               | \$458.74 |
| A4211* |          | SUPPLIES FOR SELF-ADMINISTERED INJECTIONS                    |      | 80% OF BILLED |          |
| A4212* |          | NON-CORING NEEDLE  |      |               | \$3.47   |
| A4213* |          | SYRINGE STERILE 20 CC OR GREATER                             |      |               | \$0.69   |
| A4214* |          | STERILE SALINE OR WATER 30 CC VIAL                           |      |               | \$1.70   |
| A4215* |          | NEEDLES ONLY STERILE ANY SIZE                                |      |               | \$0.99   |
| A4220* |          | REFILL KIT FOR IMPLANTABLE INFUSION PUMP                     |      | 80% OF BILLED |          |
| A4221* |          | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER PER WEEK  |      |               | \$20.55  |
| A4222* |          | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP PER CASSETTE OR BA  |      |               | \$40.79  |
| A4230* |          | INFUSION SET FOR EXTERNAL INSULIN PUMP NON-NEEDLE            |      | 80% OF BILLED |          |
| A4231* |          | INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE           |      | 80% OF BILLED |          |
| A4232* |          | SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP                |      | 80% OF BILLED |          |
| A4244* |          | ALCOHOL OR PEROXIDE PER PINT                                 |      |               | \$3.18   |
| A4245* |          | ALCOHOL WIPES PER BOX  |      | 80% OF BILLED |          |
| A4246* |          | BETADINE OR PHISOHEX SOLUTION PER PINT                       |      | 80% OF BILLED |          |
| A4247* |          | BETADINE OR IODINE SWABS/WIPES PER BOX                       |      |               | \$3.58   |
| A4250* |          | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRI |      | 80% OF BILLED |          |
| A4253* |          | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE  |      |               | \$41.66  |
| A4254* |          | REPLACEMENT BATTERY FOR USE W/HOME BLOOD GLUCOSE MONITOR     |      |               | \$4.83   |
| A4255* |          | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR 50 PER BOX          |      |               | \$3.92   |
| A4256* |          | NORMAL LOW AND HIGH CALIBRATOR SOLUTION / CHIPS              |      |               | \$10.35  |
| A4257* |          | REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN    |      |               | \$12.69  |
| A4258* |          | SPRING-POWERED DEVICE FOR LANCET EACH                        |      |               | \$17.58  |
| A4259* |          | LANCETS PER BOX  |      |               | \$11.53  |
| A4261  |          | CERVICAL CAP FOR CONTRACEPTIVE USE                           |      | 80% OF BILLED |          |
| A4265  |          | PARAFFIN   |      | 80% OF BILLED |          |
| A4270  |          | DISPOSABLE ENDOSCOPE SHEATH EACH                             |      | 80% OF BILLED |          |
| A4280  |          | ADHESIVE SKIN SUPPORT ATTACH/USE W/EXTERNAL BREAST PROSTHESI |      |               | \$4.72   |
| A4305  |          | DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 50 ML OR GREAT  |      |               | \$19.64  |
| A4306  |          | DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 5 ML OR LESS P  |      |               | \$19.64  |
| A4310* |          | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (AC |      |               | \$9.16   |

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| A4311* |          | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER    |      |        | 80% OF BILLED |
| A4312* |          | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER    |      |        | 80% OF BILLED |
| A4313* |          | INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TYP     |      |        | 80% OF BILLED |
| A4314* |          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F     |      |        | \$28.32       |
| A4315* |          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F     |      |        | 80% OF BILLED |
| A4316* |          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F     |      |        | 80% OF BILLED |
| A4319* |          | STERILE WATER IRRIGATION SOLUTION, 1000 ML.                     |      |        | \$6.04        |
| A4320* |          | IRRIGATION TRAY FOR BLADDER                                     |      |        | \$5.45        |
| A4321* |          | THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION               |      |        | 80% OF BILLED |
| A4322* |          | IRRIGATION SYRINGE BULB OR PISTON                               |      |        | 80% OF BILLED |
| A4323* |          | STERILE SALINE IRRIGATION SOLUTION 1000 ML.                     |      |        | 80% OF BILLED |
| A4324* |          | MALE EXT CATH W/ADH COATING                                     |      |        | \$2.07        |
| A4325* |          | MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH.              |      |        | \$1.72        |
| A4326* |          | MALE EXTERNAL CATHETER SPECIALTY TYPE EG; INFLATABLE FACE       |      |        | 80% OF BILLED |
| A4327* |          | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP EACH      |      |        | 80% OF BILLED |
| A4328* |          | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH EACH           |      |        | 80% OF BILLED |
| A4330* |          | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE                   |      |        | \$2.32        |
| A4331* |          | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR |      |        | \$3.04        |
| A4332* |          | LUBRICANT, INDIVIDUAL STERILE PACKET, EACH.                     |      |        | \$0.12        |
| A4333* |          | URINARY CATHETER ANCHORING DEVICE, ADHESIVE, EACH.              |      |        | \$2.10        |
| A4334* |          | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH.             |      |        | \$4.71        |
| A4335* |          | INCONTINENCE SUPPLY; MISCELLANEOUS                              |      |        | 80% OF BILLED |
| A4338* |          | INDWELLING CATHETER; FOLEY TYPE TWO-WAY LATEX WITH COATING      |      |        | \$11.53       |
| A4340* |          | INDWELLING CATHETER; SPECIALTY TYPE EG; COUDE MUSHROOM WI       |      |        | 80% OF BILLED |
| A4344* |          | INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE             |      |        | \$9.93        |
| A4346* |          | INDWELLING CATHETER; FOLEY TYPE THREE WAY FOR CONTINUOUS IR     |      |        | \$7.19        |
| A4347* |          | MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE WITH OR WIT     |      |        | 80% OF BILLED |
| A4348* |          | MALE EXTERNAL CATHETER, WITH INTEGRAL COLLECTION COMPARTMENT.   |      |        | \$26.55       |
| A4351* |          | INTERMITTENT URINARY CATHETER; STRAIGHT TIP                     |      |        | \$1.55        |
| A4352* |          | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP               |      |        | 80% OF BILLED |
| A4353* |          | INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES           |      |        | \$6.67        |
| A4354* |          | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER           |      |        | \$5.64        |
| A4355* |          | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THRO    |      |        | \$6.45        |
| A4356* |          | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE EACH              |      |        | \$51.97       |
| A4357* |          | BEDSIDE DRAINAGE BAG DAY OR NIGHT WITH OR WITHOUT ANTI REF      |      |        | \$6.51        |

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| A4358* |          | URINARY LEG BAG; VINYL WITH OR WITHOUT TUBE                 |      |        | \$5.14        |
| A4359* |          | URINARY SUSPENSORY WITHOUT LEG BAG                          |      |        | \$31.80       |
| A4361* |          | OSTOMY FACEPLATE  |      |        | \$9.54        |
| A4362* |          | OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT               |      |        | \$8.36        |
| A4364* |          | OSTOMY SKIN BOND OR CEMENT                                  |      |        | \$8.10        |
| A4365* |          | OSTOMY ADHESIVE REMOVER WIPES 50 PER BOX                    |      |        | \$10.80       |
| A4367* |          | OSTOMY BELT   |      |        | \$12.13       |
| A4369* |          | OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC) PER OZ.        |      |        | \$1.96        |
| A4371* |          | OSTOMY SKIN BARRIER POWDER PER OZ.                          |      |        | \$3.43        |
| A4372* |          | OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV STNDRD WEAR EACH     |      |        | \$3.98        |
| A4373* |          | OSTOMY SKIN BARRIER W/FLANGE STNDRD WEAR ANY SIZE EACH      |      |        | \$5.99        |
| A4375* |          | OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED PLASTIC EACH   |      |        | \$16.38       |
| A4376* |          | OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED RUBBER EACH    |      |        | \$45.38       |
| A4377* |          | OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLASTIC EACH    |      |        | \$4.09        |
| A4378* |          | OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH     |      |        | \$29.33       |
| A4379* |          | OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH     |      |        | \$14.33       |
| A4380* |          | OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH     |      |        | \$35.60       |
| A4381* |          | OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED RUBBER EACH      |      |        | \$4.40        |
| A4382* |          | OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EA  |      |        | \$23.48       |
| A4383* |          | OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH       |      |        | \$26.89       |
| A4384* |          | OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH              |      |        | \$9.18        |
| A4385* |          | OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXTND WEAR EACH      |      |        | \$4.86        |
| A4387* |          | OSTOMY POUCH CLOSED W/STNDRD WEAR BARRIER W/CONVEXITY EACH  |      |        | \$3.83        |
| A4388* |          | OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/OUT CONVEX EA |      |        | \$4.16        |
| A4389* |          | OSTOMY POUCH DRAINABLE W/STNDRD WEAR BARRIER W/CONVEX EACH  |      |        | \$5.93        |
| A4390* |          | OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/CONVEX EACH   |      |        | \$9.17        |
| A4391* |          | OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/OUT CONVEX EACH |      |        | \$6.74        |
| A4392* |          | OSTOMY POUCH URINARY W/STNDRD WEAR BARRIER W/CONVEX EACH    |      |        | \$6.34        |
| A4393* |          | OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/CONVEXITY EACH  |      |        | \$8.75        |
| A4394* |          | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH LIQUID PER FL OZ   |      |        | \$2.46        |
| A4395* |          | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH SOLID PER TABLET   |      |        | \$0.05        |
| A4396* |          | OSTOMY BELT, WITH PERISTOMAL HERNIA SUPPORT.                |      |        | \$38.61       |
| A4397* |          | IRRIGATION SUPPLY; SLEEVE                                   |      |        | 80% OF BILLED |
| A4398* |          | IRRIGATION SUPPLY; BAGS                                     |      |        | 80% OF BILLED |
| A4399* |          | IRRIGATION SUPPLY; CONE/CATHETER                            |      |        | 80% OF BILLED |

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| A4400* |          | IRRIGATION SET FOR IRRIGATION OF OSTOMY                     |      |        | \$49.72       |
| A4402* |          | OSTOMY LUBRICANT - PER OUNCE                                |      |        | \$1.93        |
| A4404* |          | OSTOMY RINGS EACH   |      |        | 80% OF BILLED |
| A4405* |          | NONPECTIN BASED OSTOMY PASTE                                |      |        | \$3.40        |
| A4406* |          | PECTIN BASED OSTOMY PASTE                                   |      |        | \$5.74        |
| A4407* |          | EXT WEAR OST SKN BARR <=4SQö                                |      |        | \$8.76        |
| A4408* |          | EXT WEAR OST SKN BARR >4SQö                                 |      |        | \$9.87        |
| A4409* |          | 1ST SKN BARR W FLNG <=4 SQö                                 |      |        | \$6.22        |
| A4410* |          | OST SKN BARR W FLNG >4SQ¼                                   |      |        | \$9.04        |
| A4413* |          | 2 PC DRAINABLE OST POUCH                                    |      |        | \$5.50        |
| A4414* |          | OSTOMY SKNBARR W FLNG <=4SQö                                |      |        | \$4.93        |
| A4415* |          | OSTOMY SKN BARR W FLNG >4SQö                                |      |        | \$6.00        |
| A4421* |          | NOT OTHERWISE CLASSIFIED OSTOMY SUPPLIES                    |      |        | 80% OF BILLED |
| A4422* |          | OST POUCH ABSORBENT MATERIAL                                |      |        | \$0.12        |
| A4450* |          | NON-WATERPROOF TAPE   |      |        | \$0.09        |
| A4452* |          | WATERPROOF TAPE   |      |        | \$0.36        |
| A4455* |          | ADHESIVE REMOVER OR SOLVENT                                 |      |        | 80% OF BILLED |
| A4458* |          | REUSABLE ENEMA BAG  |      |        | 80% OF BILLED |
| A4462* |          | ABDOMINAL DRESSING HOLDER/BINDER EACH                       |      |        | 80% OF BILLED |
| A4465* |          | NON-ELASTIC BINDER FOR EXTREMITY                            |      |        | 80% OF BILLED |
| A4470* |          | GRAVLEE JET WASHER  |      |        | 80% OF BILLED |
| A4480* |          | VABRA ASPIRATOR   |      |        | 80% OF BILLED |
| A4481* |          | THRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH                 |      |        | \$0.37        |
| A4483* |          | MOISTURE EXCHANGER DISP. FOR USE WITH INVASIVE MECH VENTILA |      |        | 80% OF BILLED |
| A4490* |          | SURGICAL STOCKINGS ABOVE KNEE LENGTH EACH                   |      |        | \$29.58       |
| A4495* |          | SURGICAL STOCKINGS THIGH LENGTH EACH                        |      |        | \$29.58       |
| A4500* |          | SURGICAL STOCKINGS BELOW KNEE LENGTH EACH                   |      |        | \$29.58       |
| A4510* |          | SURGICAL STOCKINGS FULL LENGTH EACH                         |      |        | \$29.58       |
| A4521  |          | ADULT SIZE DIAPER SM EACH                                   |      |        | \$0.73        |
| A4522  |          | ADULT SIZE DIAPER MED EACH                                  |      |        | \$0.73        |
| A4523  |          | ADULT SIZE DIAPER LG EACH                                   |      |        | \$0.73        |
| A4524  |          | ADULT SIZE DIAPER XL EACH                                   |      |        | \$0.73        |
| A4529  |          | CHILD SIZE DIAPER SM/MED EA                                 |      |        | \$0.73        |
| A4530  |          | CHILD SIZE DIAPER LG EACH                                   |      |        | \$0.73        |
| A4533  |          | YOUTH SIZE DIAPER EACH                                      |      |        | \$0.73        |

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| A4535  |          | DISP INCONT LINER/SHIELD EA                                 |      |        | \$0.41        |
| A4536  |          | PROT UNDERWR WSHBL ANY SZ EA                                |      |        | \$0.00        |
| A4537  |          | UNDER PAD REUSABLE ANY SZ EA                                |      |        | \$0.00        |
| A4554* |          | DISPOSABLE UNDERPADS ALL SIZES (E.G. CHUX'S)                |      |        | \$0.36        |
| A4556  |          | ELECTRODES (E.G. APNEA MONITOR)                             |      |        | \$10.79       |
| A4557  |          | LEAD WIRES (E.G. APNEA MONITOR)                             |      |        | \$16.40       |
| A4558  |          | CONDUCTIVE PASTE OR GEL                                     |      |        | 80% OF BILLED |
| A4561  |          | PESSARY, RUBBER, ANY TYPE.                                  |      |        | \$18.41       |
| A4562  |          | PESSARY, NON RUBBER, ANY TYPE.                              |      |        | \$45.82       |
| A4565  |          | SLINGS  |      |        | \$8.91        |
| A4570  |          | SPLINT  |      |        | \$24.11       |
| A4575  |          | TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE                |      |        | 80% OF BILLED |
| A4580  |          | CAST SUPPLIES (E.G. PLASTER)                                |      |        | 80% OF BILLED |
| A4590  |          | SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)                  |      |        | \$22.32       |
| A4595  |          | TENS SUPPLIES 2 LEAD PER MONTH                              |      |        | \$28.10       |
| A4606  |          | OXYGEN PROBE USED W OXIMETER                                |      | Y      | \$0.00        |
| A4608  |          | TRANSTRACHEAL OXYGEN CATHETER, EACH.                        |      | Y      | \$58.32       |
| A4609* |          | TRACH SUCTION CATH CLSD SYS                                 |      |        | \$14.30       |
| A4610* |          | MEDICATION SUPPLIES TO BE USED IN DURABLE MEDICAL EQUIPMENT |      |        | \$22.34       |
| A4611* |          | BATTERY HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATO |      | Y      | 80% OF BILLED |
| A4612* |          | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR    |      | Y      | \$66.10       |
| A4612* | RR       | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR    |      | Y      | \$6.61        |
| A4613* |          | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR   |      | Y      | \$119.27      |
| A4613* | RR       | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR   |      | Y      | \$11.94       |
| A4614* |          | PEAK EXPIRATORY FLOW RATE METER HAND HELD                   |      |        | \$23.14       |
| A4615* |          | CANNULA NASAL   |      | Y      | \$2.57        |
| A4616* |          | TUBING UNSPECIFIED LENGTH                                   |      |        | \$0.44        |
| A4617* |          | MOUTH PIECE   |      | Y      | \$0.68        |
| A4618* |          | BREATHING CIRCUITS  |      | Y      | \$3.88        |
| A4620* |          | VARIABLE CONCENTRATION MASK                                 |      |        | \$3.74        |
| A4621* |          | TRACHEOTOMY MASK OR COLLAR                                  |      |        | \$1.95        |
| A4622* |          | TRACHEOSTOMY OR LARYNGECTOMY TUBE                           |      |        | \$59.37       |
| A4623* |          | TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)               |      |        | \$6.36        |
| A4624* |          | TRACHEAL SUCTION CATHETER ANY TYPE EACH                     |      |        | \$2.78        |
| A4625* |          | TRACHEOSTOMY CARE OR CLEANING STARTER KIT                   |      |        | \$5.26        |

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| A4626* |          | TRACHEOSTOMY CLEANING BRUSH EACH                                |      |        | 80% OF BILLED |
| A4627* |          | SPACER BAG OR RESERVOIR WITH OR WITHOUT MASK FOR USE WITH       |      |        | 80% OF BILLED |
| A4628* |          | OROPHARYNGEAL SUCTION CATHETER EACH                             |      |        | \$3.65        |
| A4629* |          | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY              |      |        | \$4.51        |
| A4630  |          | REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED B     |      |        | \$27.45       |
| A4631  |          | REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WH     |      |        | 80% OF BILLED |
| A4632* |          | INFUS PUMP RPLCEMNT BATTERY                                     |      | Y      | \$0.00        |
| A4633  |          | UVL REPLACEMENT BULB  |      |        | \$41.04       |
| A4634  |          | REPLACEMENT BULB TH LIGHTBOX                                    |      |        | \$0.00        |
| A4635  |          | UNDERARM PAD CRUTCH REPLACEMENT EACH                            |      |        | 80% OF BILLED |
| A4636  |          | REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH                 |      |        | 80% OF BILLED |
| A4637  |          | REPLACEMENT TIP CANE CRUTCH WALKER EACH.                        |      |        | \$1.73        |
| A4639  |          | INFRARED HT SYS REPLCMNT PAD                                    |      |        | \$287.21      |
| A4640  |          | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATIN     |      |        | \$70.51       |
| A4649  |          | SURGICAL SUPPLY; MISCELLANEOUS                                  |      |        | 80% OF BILLED |
| A4651  |          | CALIBRATED MICROCAPILLARY TUBE, EACH                            |      |        | 80% OF BILLED |
| A4652  |          | MICROCAPILLARY TUBE SEALANT, EACH                               |      |        | 80% OF BILLED |
| A4653  |          | PD CATHETER ANCHOR BELT   |      |        | \$0.00        |
| A4656  |          | NEEDLE, ANY SIZE, FOR DIALYSIS, EACH                            |      |        | 80% OF BILLED |
| A4657  |          | SYRINGE, WITH OR WITHOUT NEEDLE, FOR DIALYSIS, EACH             |      |        | 80% OF BILLED |
| A4660  |          | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH                  |      |        | 80% OF BILLED |
| A4663  |          | BLOOD PRESSURE CUFF ONLY  |      |        | 80% OF BILLED |
| A4670  |          | AUTOMATIC BLOOD PRESSURE MONITOR                                |      |        | 80% OF BILLED |
| A4680  |          | ACTIVATED CARBON FILTERS FOR DIALYSIS                           |      |        | 80% OF BILLED |
| A4690  |          | DIALYZERS (ARTIFICIAL KIDNEYS) ALL BRANDS ALL SIZES PER UNI     | Y    |        | 80% OF BILLED |
| A4706  |          | BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON |      |        | 80% OF BILLED |
| A4707  |          | BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET   |      |        | 80% OF BILLED |
| A4708  |          | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON      |      |        | 80% OF BILLED |
| A4709  |          | ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON        |      |        | 80% OF BILLED |
| A4712  |          | WATER STERILE   |      |        | 80% OF BILLED |
| A4714  |          | TREATED WATER (DEIONIZED DISTILLED REVERSE OSMOSIS)             |      |        | 80% OF BILLED |
| A4719  |          | "Y SET" TUBING FOR PERITONEAL DIALYSIS, EACH                    |      |        | 80% OF BILLED |
| A4720  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME |      |        | 80% OF BILLED |
| A4721  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME |      |        | 80% OF BILLED |
| A4722  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME |      |        | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|--------|----------|--|------|--------|---------------|
| A4723  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME    |      |        | 80% OF BILLED |
| A4724  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME    |      |        | 80% OF BILLED |
| A4725  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME    |      |        | 80% OF BILLED |
| A4726  |          | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME    |      |        | 80% OF BILLED |
| A4730  |          | FISTULA CANNULATION SET FOR DIALYSIS ONLY                          |      |        | 80% OF BILLED |
| A4736  |          | TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM                         |      |        | 80% OF BILLED |
| A4737  |          | INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML                     |      |        | 80% OF BILLED |
| A4740  |          | SHUNT ACCESSORIES FOR DIALYSIS ONLY                                |      |        | 80% OF BILLED |
| A4750  |          | BLOOD TUBING ARTERIAL OR VENOUS EACH                               |      |        | 80% OF BILLED |
| A4755  |          | BLOOD TUBING ARTERIAL AND VENOUS COMBINED                          |      |        | 80% OF BILLED |
| A4760  |          | DIALYSATE STANDARD TESTING SOLUTION SUPPLIES                       |      |        | 80% OF BILLED |
| A4765  |          | DIALYSATE CONCENTRATE ADDITIVES EACH                               |      |        | 80% OF BILLED |
| A4766  |          | DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, |      |        | 80% OF BILLED |
| A4770  |          | BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)                |      |        | 80% OF BILLED |
| A4771  |          | SERUM CLOTTING TIME TUBE PER BOX                                   |      |        | 80% OF BILLED |
| A4772* |          | DEXTROSTICK OR GLUCOSE TEST STRIPS PER BOX                         |      |        | 80% OF BILLED |
| A4773  |          | HEMOSTIX PER BOTTLE  |      |        | 80% OF BILLED |
| A4774  |          | AMMONIA TEST PAPER PER BOX   |      |        | 80% OF BILLED |
| A4802  |          | PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG                     |      |        | 80% OF BILLED |
| A4860  |          | DISPOSABLE CATHETER CAPS   |      |        | 80% OF BILLED |
| A4870  |          | PLUMBING AND/OR ELECTRICAL WORK FOR HOME DIALYSIS EQUIPMENT        | Y    |        | 80% OF BILLED |
| A4890  |          | CONTRACTS REPAIR AND MAINTENANCE FOR HOME DIALYSIS                 |      |        | 80% OF BILLED |
| A4911  |          | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH                               |      |        | 80% OF BILLED |
| A4913  |          | MISCELLANEOUS DIALYSIS SUPPLIES NOT IDENTIFIED ELSEWHERE B         |      |        | 80% OF BILLED |
| A4918  |          | VENOUS PRESSURE CLAMPS EACH  |      |        | 80% OF BILLED |
| A4927  |          | GLOVES STERILE OR NON-STERILE PER PAIR                             |      |        | 80% OF BILLED |
| A4928  |          | SURGICAL MASK, PER 20  |      |        | 80% OF BILLED |
| A4929  |          | TOURNIQUET FOR DIALYSIS, EACH                                      |      |        | 80% OF BILLED |
| A4930  |          | STERILE GLOVES PER PAIR  |      |        | 80% OF BILLED |
| A4931  |          | REUSABLE ORAL THERMOMETER  |      |        | 80% OF BILLED |
| A4932  |          | REUSABLE RECTAL THERMOMETER  |      |        | 80% OF BILLED |
| A5051* |          | POUCH CLOSED; WITH BARRIER ATTACHED (1 PIECE)                      |      |        | \$2.57        |
| A5052* |          | POUCH CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)                   |      |        | 80% OF BILLED |
| A5053* |          | POUCH CLOSED; FOR USE ON FACEPLATE                                 |      |        | 80% OF BILLED |
| A5054* |          | POUCH CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)             |      |        | \$1.92        |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|--------|----------|---|------|--------|---------------|
| A5055* |          | STOMA CAP   |      |        | 80% OF BILLED |
| A5061* |          | POUCH DRAINABLE W BARRIER AT                                    |      |        | \$3.65        |
| A5062* |          | POUCH DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)             |      |        | 80% OF BILLED |
| A5063* |          | POUCH DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SY     |      |        | \$2.21        |
| A5071* |          | POUCH URINARY; WITH BARRIER ATTACHED (1 PIECE)                  |      |        | \$6.03        |
| A5072* |          | POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)               |      |        | 80% OF BILLED |
| A5073* |          | POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)         |      |        | \$3.40        |
| A5081* |          | CONTINENT DEVICE; PLUG FOR CONTINENT STOMA                      |      |        | 80% OF BILLED |
| A5082* |          | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA                  |      |        | 80% OF BILLED |
| A5093* |          | OSTOMY ACCESSORY; CONVEX INSERT                                 |      |        | \$2.02        |
| A5102* |          | BEDSIDE DRAINAGE BOTTLE RIGID OR EXPANDABLE                     |      |        | 80% OF BILLED |
| A5105* |          | URINARY SUSPENSORY; WITH LEG BAG WITH OR WITHOUT TUBE           |      |        | 80% OF BILLED |
| A5112* |          | URINARY LEG BAG; LATEX  |      |        | 80% OF BILLED |
| A5113* |          | LEG STRAP; LATEX REPLACEMENT ONLY PER SET                       |      |        | 80% OF BILLED |
| A5114* |          | LEG STRAP; FOAM OR FABRIC REPLACEMENT ONLY PER SET              |      |        | \$9.82        |
| A5119* |          | SKIN BARRIER; WIPES BOX PER 50                                  |      |        | \$9.35        |
| A5121* |          | SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH                    |      |        | 80% OF BILLED |
| A5122* |          | SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH                    |      |        | 80% OF BILLED |
| A5126* |          | ADHESIVE; DISC OR FOAM PAD                                      |      |        | 80% OF BILLED |
| A5131* |          | APPLIANCE CLEANER INCONTINENCE AND OSTOMY APPLIANCES PER 1      |      |        | 80% OF BILLED |
| A5200* |          | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHES SKIN ATTA     |      |        | \$10.99       |
| A5500* |          | (DIAB.) FITTING CUSTOM PREP AND SUPPLY OF DEPTH-INLAY SHOE      |      | Y      | 80% OF BILLED |
| A5501* |          | (DIAB.) FITTING/CUSTOM PREP/SUPPLY OF SHOE MOLDED FROM CAST     |      | Y      | 80% OF BILLED |
| A5503* |          | (DIAB.) MODIF. OF DEPTH-INLAY OR CUST MOLDED SHOE W/ROLLER      |      | Y      | 80% OF BILLED |
| A5504* |          | (DIAB.) MOD. OF DEPTH-INLAY SHOE OR CUST MOLDED SHOE W/WEDGE    |      | Y      | 80% OF BILLED |
| A5505* |          | (DIAB.) MOD OF DEPTH-INLAY SHOE OR CUS MOLDED SHOE W/MT BAR     |      | Y      | 80% OF BILLED |
| A5506* |          | (DIAB.) MOD OF DEPTH-INLAY OR CUS MOLDED SHOE W/OFFSET HEEL     |      | Y      | 80% OF BILLED |
| A5507* |          | (DIAB.) NOS MOD OF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE       |      | Y      | 80% OF BILLED |
| A5508* |          | DIABETICS ONLY DELUXE FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE    |      | Y      | 80% OF BILLED |
| A5509* |          | FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL |      | Y      | 80% OF BILLED |
| A5510* |          | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO        |      | Y      | 80% OF BILLED |
| A5511* |          | FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT, |      | Y      | 80% OF BILLED |
| A6000  |          | NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-     |      |        | 80% OF BILLED |
| A6010  |          | COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN     |      |        | \$30.62       |
| A6011  |          | COLLAGEN GEL/PASTE WOUND FIL                                    |      |        | \$2.28        |



# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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| Proc  | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|-------|----------|---|------|--------|---------------|
| A6020 |          | COLLAGEN BASED WOUND DRESSING, EACH DRESSING                          |      |        | 80% OF BILLED |
| A6021 |          | COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH.                 |      |        | \$21.04       |
| A6022 |          | COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. LESS 48 SQ. IN., EA. |      |        | \$20.05       |
| A6023 |          | COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH.               |      |        | \$181.51      |
| A6024 |          | COLLAGEN DRESSING, WOUND FILLER, PER 6 INCHES.                        |      |        | \$5.90        |
| A6025 |          | SILICONE GEL SHEET EACH   |      |        | 80% OF BILLED |
| A6154 |          | WOUND POUCH EACH  |      |        | 80% OF BILLED |
| A6196 |          | ALGINATE DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS EACH          |      |        | \$7.01        |
| A6197 |          | ALGINATE DRESSING >16 <= 48 SQ INCHES - EACH DRESSING                 |      |        | \$15.68       |
| A6198 |          | ALGINATE DRESSING PAD SIZE MORE THAN 48 SQ IN EACH                    |      |        | 80% OF BILLED |
| A6199 |          | ALGINATE DRESSING WOUND FILLER PER 6 INCHES                           |      |        | \$5.04        |
| A6200 |          | COMPOSITE DRESSING PAD SIZE =< 16 SQ IN W/OUT ADHES BORDR             |      |        | \$9.24        |
| A6201 |          | COMPOSITE DRESSING PAD SIZE>16 & <= 48 SQ IN W/OUT ADH BDR            |      |        | \$20.24       |
| A6202 |          | COMPOSITE DRESSING PAD SIZE >48 SQ IN W/OUT ADHES BORDER              |      |        | \$33.94       |
| A6203 |          | COMPOSITE DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH            |      |        | \$3.19        |
| A6204 |          | COMPOSITE DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN           |      |        | \$5.94        |
| A6205 |          | COMPOSITE DRESSING MORE THAN 48 SQ IN ADHESIVE BORDER EACH            |      |        | \$4.57        |
| A6206 |          | CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING                          |      |        | \$0.97        |
| A6207 |          | CONTACT LAYER MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN EACH           |      |        | \$7.00        |
| A6208 |          | CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING                        |      |        | \$3.42        |
| A6209 |          | FOAM DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EACH               |      |        | \$7.14        |
| A6210 |          | FOAM DRESSING WOUND COVER >16 <= 48 SQ. IN W/O ADHES BORDER           |      |        | \$19.00       |
| A6211 |          | FOAM DRESSING WOUND COVER >48 SQ IN W/O ADHESIVE BORDER EA            |      |        | \$28.01       |
| A6212 |          | FOAM DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH                 |      |        | \$9.25        |
| A6213 |          | FOAM DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN W/ADH          |      |        | 80% OF BILLED |
| A6214 |          | FOAM DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EACH               |      |        | \$9.82        |
| A6215 |          | FOAM DRESSING WOUND FILLER PER GRAM                                   |      |        | \$2.33        |
| A6216 |          | GAUZE NON-IMPREGNATED NON-STERILE 16 SQ IN OR LESS W/O ADH B          |      |        | \$0.05        |
| A6217 |          | GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 16 LESS THAN/EQU          |      |        | \$0.40        |
| A6218 |          | GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 48 SQ IN W/O ADH          |      |        | \$0.58        |
| A6219 |          | GAUZE NON-IMPREGNATED 16 SQ IN OR LESS W/ADHESIVE BORDER EA           |      |        | \$0.91        |
| A6220 |          | GAUZE NON-IMPREGNATED MORE THAN 16 LESS THAN/EQUAL TO 48 SQ           |      |        | \$2.46        |
| A6221 |          | GAUZE NON-IMPREGNATED MORE THAN 48 SQ IN W/ADHESIVE BORDER E          |      |        | 80% OF BILLED |
| A6222 |          | GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE 16 SQ IN          |      |        | \$2.03        |
| A6223 |          | GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA          |      |        | \$2.30        |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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|-------|----------|--|------|--------|---------------|
| A6224 |          | GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA       |      |        | \$3.44        |
| A6228 |          | GAUZE IMPREGNATED WATER OR NORMAL SALINE 16 SQ IN OR LESS W        |      |        | 80% OF BILLED |
| A6229 |          | GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 16 LESS T       |      |        | \$3.44        |
| A6230 |          | GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 48 SQ IN        |      |        | 80% OF BILLED |
| A6231 |          | GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, EACH.   |      |        | \$4.46        |
| A6232 |          | GAUZE, IMPREGNATED, HYDROGEL, GREATER THAN 16 SQ. IN., EACH.       |      |        | \$6.57        |
| A6233 |          | GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., EACH. |      |        | \$18.30       |
| A6234 |          | HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER         |      |        | \$6.24        |
| A6235 |          | HYDROCOLLOID DRESSING MORE THAN 16 SQ IN LESS THAN/EQUAL T         |      |        | \$16.05       |
| A6236 |          | HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDE        |      |        | \$25.99       |
| A6237 |          | HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER           |      |        | \$7.54        |
| A6238 |          | HYDROCOLLOID DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ        |      |        | \$21.74       |
| A6239 |          | HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER         |      |        | \$18.24       |
| A6240 |          | HYDROCOLLOID DRESSING WOUND FILLER PASTE PER FLUID OUNCE           |      |        | \$11.68       |
| A6241 |          | HYDROCOLLOID DRESSING WOUND FILLER DRY FORM PER GRAM               |      |        | \$2.45        |
| A6242 |          | HYDROGEL DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EA          |      |        | \$5.79        |
| A6243 |          | HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN         |      |        | \$11.75       |
| A6244 |          | HYDROGEL DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDER           |      |        | \$37.46       |
| A6245 |          | HYDROGEL DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH          |      |        | \$6.93        |
| A6246 |          | HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN         |      |        | \$9.46        |
| A6247 |          | HYDROGEL DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EA          |      |        | \$22.68       |
| A6248 |          | HYDROGEL DRESSING WOUND FILLER GEL PER FLUID OUNCE                 |      |        | \$15.49       |
| A6250 |          | SKIN SEALANTS PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE          |      |        | 80% OF BILLED |
| A6251 |          | SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/O ADHESIV         |      |        | \$1.90        |
| A6252 |          | SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL         |      |        | \$3.10        |
| A6253 |          | SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/O ADHES         |      |        | \$6.05        |
| A6254 |          | SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/ADHESIVE          |      |        | \$1.16        |
| A6255 |          | SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL         |      |        | \$2.89        |
| A6256 |          | SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/ADHESIVE        |      |        | 80% OF BILLED |
| A6257 |          | TRANSPARENT FILM 16 SQ. IN. OR LESS EACH DRESSING                  |      |        | \$1.46        |
| A6258 |          | TRANSPARENT FILM MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN          |      |        | \$4.10        |
| A6259 |          | TRANSPARENT FILM MORE THAN 48 SQ. IN. EACH DRESSING                |      |        | \$10.43       |
| A6260 |          | WOUND CLEANSERS ANY TYPE ANY SIZE                                  |      |        | 80% OF BILLED |
| A6261 |          | WOUND FILLER GEL/PASTE PER FLUID OUNCE NOT ELSEWHERE CLAS          |      |        | 80% OF BILLED |
| A6262 |          | WOUND FILLER DRY FORM PER GRAM NOT ELSEWHERE CLASSIFIED            |      |        | 80% OF BILLED |

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## Montana Medicaid Fee Schedule

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|-------|----------|--|------|--------|---------------|
| A6266 |          | GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE ANY W    |      |        | \$1.83        |
| A6402 |          | GAUZE NON-IMPREGNATED STERILE 16 SQ IN OR LESS W/O ADHESI    |      |        | \$0.12        |
| A6403 |          | GAUZE NON-IMPREGNATED STERILE MORE THAN 16 LESS THAN/EQUAL   |      |        | \$0.41        |
| A6404 |          | GAUZE NON-IMPREGNATED STERILE MORE THAN 48 SQ IN W/O ADHESIV |      |        | 80% OF BILLED |
| A6410 |          | STERILE EYE PAD  |      |        | \$0.39        |
| A6411 |          | NON-STERILE EYE PAD  |      |        | 80% OF BILLED |
| A6412 |          | OCCLUSIVE EYE PATCH  |      |        | 80% OF BILLED |
| A6421 |          | PAD BANDAGE >=3 <5IN W /ROLL                                 |      |        | 80% OF BILLED |
| A6422 |          | CONF BANDAGE NS >=3<5öW/ROLL                                 |      |        | 80% OF BILLED |
| A6424 |          | CONF BANDAGE NS >=5öW /ROLL                                  |      |        | 80% OF BILLED |
| A6426 |          | CONF BANDAGE S >=3<5ö W/ROLL                                 |      |        | 80% OF BILLED |
| A6428 |          | CONF BANDAGE S >=5ö W /ROLL                                  |      |        | 80% OF BILLED |
| A6430 |          | LT COMPRES BDG >=3<5öW /ROLL                                 |      |        | 80% OF BILLED |
| A6432 |          | LT COMPRES BDG >=5öW /ROLL                                   |      |        | 80% OF BILLED |
| A6434 |          | MO COMPRES BDG >=3<5öW /ROLL                                 |      |        | 80% OF BILLED |
| A6436 |          | HI COMPRES BDG >=3<5öW /ROLL                                 |      |        | 80% OF BILLED |
| A6438 |          | SELF-ADHER BDG >=3<5öW /ROLL                                 |      |        | 80% OF BILLED |
| A6440 |          | ZINC PASTE BDG >=3<5öW /ROLL                                 |      |        | \$11.38       |
| A6501 |          | COMPRES BURNGARMENT BODYSUIT                                 |      |        | 80% OF BILLED |
| A6502 |          | COMPRES BURNGARMENT CHINSTRP                                 |      |        | 80% OF BILLED |
| A6503 |          | COMPRES BURNGARMENT FACEHOOD                                 |      |        | 80% OF BILLED |
| A6504 |          | CMPRSBURNGARMENT GLOVE-WRIST                                 |      |        | 80% OF BILLED |
| A6505 |          | CMPRSBURNGARMENT GLOVE-ELBOW                                 |      |        | 80% OF BILLED |
| A6506 |          | CMPRSBURNGRMNT GLOVE-AXILLA                                  |      |        | 80% OF BILLED |
| A6507 |          | CMPRS BURNGARMENT FOOT-KNEE                                  |      |        | 80% OF BILLED |
| A6508 |          | CMPRS BURNGARMENT FOOT-THIGH                                 |      |        | 80% OF BILLED |
| A6509 |          | COMPRES BURN GARMENT JACKET                                  |      |        | 80% OF BILLED |
| A6510 |          | COMPRES BURN GARMENT LEOTARD                                 |      |        | 80% OF BILLED |
| A6511 |          | COMPRES BURN GARMENT PANTY                                   |      |        | 80% OF BILLED |
| A6512 |          | COMPRES BURN GARMENT NOC                                     |      |        | 80% OF BILLED |
| A7000 |          | CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH              |      |        | \$9.10        |
| A7001 |          | CANISTER NON-DISPOSABLE USED WITH SUCTION PUMP EACH          |      |        | \$31.55       |
| A7002 |          | TUBING USED WITH SUCTION PUMP EACH                           |      |        | \$3.65        |
| A7003 |          | ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB DISPOS    |      | Y      | \$2.61        |
| A7004 |          | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE      |      | Y      | \$1.72        |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|--------|----------|---|------|--------|---------------|
| A7005  |          | ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB NON-DISP         |      | Y      | \$29.40       |
| A7006  |          | ADMIN SET W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER               |      | Y      | \$9.10        |
| A7007  |          | LARGE VOLUME NEB DISP UNFILLED USED W/ AEROSOL COMPRESSOR           |      | Y      | \$4.40        |
| A7008  |          | LARGE VOLUME NEB DISP PREFILLED USED W/ AEROSOL COMPRESSOR          |      | Y      | \$10.49       |
| A7009  |          | RESERVOIR BOTTLE NON-DISPOS USED W/ LG VOL ULTRASONIC NEB           |      | Y      | \$40.10       |
| A7010  |          | CORRUGATED TUBING DISPOSABLE USED W/LG VOLUME NEB 100 FT            |      | Y      | \$22.50       |
| A7011  |          | CORRUGATED TUBING NON-DISPOS USED W/ LG VOLUME NEB 10 FT            |      | Y      | 80% OF BILLED |
| A7012  |          | WATER COLLECTION DEVICE USED WITH LARGE VOLUME NEBULIZER            |      | Y      | \$3.61        |
| A7013  |          | FILTER DISPOSABLE USED WITH AEROSOL COMPRESSOR                      |      | Y      | \$0.79        |
| A7014  |          | FILTER NON-DISPOS USED W/ AEROSOL COMPRESSOR OR U/S GENERA          |      | Y      | \$4.28        |
| A7015  |          | AEROSOL MASK USED WITH DME NEBULIZER                                |      | Y      | \$1.79        |
| A7016  |          | DOME AND MOUTHPIECE USED W/SM VOLUME ULTRASONIC NEBULIZER           |      | Y      | \$6.91        |
| A7017  |          | DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2           |      | Y      | \$127.85      |
| A7017  | RR       | DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2           |      | Y      | \$12.78       |
| A7018  |          | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML         |      |        | \$0.37        |
| A7019  |          | SALINE SOLUTION, PER 10 ML, FOR USE WITH INHALATION DRUGS.          |      |        | \$0.33        |
| A7020  |          | STERILE WATER OR STERILE SALINE, 1000 ML, FOR LRG VOLUME NEBULIZER. |      |        | \$2.63        |
| A7025  |          | REPLACE CHEST COMPRESS VEST   |      |        | \$434.94      |
| A7026  |          | REPLACE CHST CMPRSS SYS HOSE  |      |        | \$28.75       |
| A7030* |          | CPAP FULL FACE MASK   |      |        | \$188.64      |
| A7031* |          | REPLACEMENT FACEMASK INTERFA  |      |        | \$69.77       |
| A7032* |          | REPLACEMENT NASAL CUSHION   |      |        | \$40.53       |
| A7033* |          | REPLACEMENT NASAL PILLOWS   |      |        | \$28.41       |
| A7034* |          | NASAL APPLICATION DEVICE  |      |        | \$117.64      |
| A7035* |          | POS AIRWAY PRESS HEADGEAR   |      |        | \$39.75       |
| A7036* |          | POS AIRWAY PRESS CHINSTRAP  |      |        | \$18.20       |
| A7037* |          | POS AIRWAY PRESSURE TUBING  |      |        | \$41.02       |
| A7038* |          | POS AIRWAY PRESSURE FILTER  |      |        | \$5.39        |
| A7039* |          | FILTER NON DISPOSABLE W PAP   |      |        | \$15.33       |
| A7044* |          | PAP ORAL INTERFACE  |      |        | \$120.91      |
| A7501  |          | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH.                      |      |        | \$100.18      |
| A7502  |          | DIAPHRAGM/FACEPLATE, FOR TRACHEOSTOMA VALVE, EACH.                  |      |        | \$47.61       |
| A7503  |          | FILTER HOLDER OR FILTER CAP, TRACHEOSTOMA HEAT/MOISTURE SYS, EA.    |      |        | \$10.81       |
| A7504  |          | FILTER, TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH.       |      |        | \$0.64        |
| A7505  |          | HOUSING, REUSABLE, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EA.     |      |        | \$4.46        |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| A7506 |          | ADHESIVE DISC, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EACH.    |      |        | \$0.32        |
| A7507 |          | FILTER HOLDER AND INTEGRATED FILTER, WITHOUT ADHESIVE, EACH.     |      |        | \$2.37        |
| A7508 |          | HOUSING AND INTEGRATED ADHESIVE, EACH.                           |      |        | \$2.74        |
| A7509 |          | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, EACH. |      |        | \$1.34        |
| A9511 |          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,          |      |        | 80% OF BILLED |
| B4034 |          | ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY                      |      | Y      | \$5.78        |
| B4035 |          | ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY                     |      | Y      | \$12.04       |
| B4036 |          | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY                  |      | Y      | \$8.20        |
| B4081 |          | NASOGASTRIC TUBING WITH STYLET                                   |      | Y      | \$22.02       |
| B4082 |          | NASOGASTRIC TUBING WITHOUT STYLET                                |      | Y      | \$15.71       |
| B4083 |          | STOMACH TUBE - LEVINE TYPE                                       |      | Y      | \$2.50        |
| B4086 |          | GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE,          |      | Y      | 80% OF BILLED |
| B4100 | BO       | FOOD THICKENER ORAL  |      | Y      | \$0.00        |
| B4150 |          | ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/     |      | Y      | \$0.65        |
| B4150 | BO       | ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN       |      | Y      | \$0.63        |
| B4151 |          | ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN     |      | Y      | \$1.58        |
| B4151 | BO       | ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN     |      | Y      | \$1.54        |
| B4152 |          | ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT     |      | Y      | \$0.56        |
| B4152 | BO       | ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT     |      | Y      | \$0.55        |
| B4153 |          | ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI     |      | Y      | \$1.90        |
| B4153 | BO       | ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI     |      | Y      | \$1.85        |
| B4154 |          | ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED     |      | Y      | \$2.11        |
| B4154 | BO       | ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED     |      | Y      | \$2.06        |
| B4155 |          | ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN     |      | Y      | \$0.88        |
| B4155 | BO       | ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN     |      | Y      | \$0.88        |
| B4156 |          | ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS            |      | Y      | \$1.44        |
| B4156 | BO       | ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS            |      | Y      | \$1.40        |
| B4164 |          | PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50       |      | Y      | \$18.39       |
| B4168 |          | PARENTERAL NUTRITION SOLUTION; AMINO ACID                        |      | Y      | \$69.15       |
| B4172 |          | PARENTERAL NUTRITION SOLUTION; AMINO ACID                        |      | Y      | \$49.89       |
| B4176 |          | PARENTERAL NUTRITION SOLUTION; AMINO ACID                        |      | Y      | \$80.40       |
| B4178 |          | PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%      |      | Y      | \$53.97       |
| B4180 |          | PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE      |      | Y      | \$25.64       |
| B4184 |          | PARENTERAL NUTRITION SOLUTION; LIPIDS 10%                        |      | Y      | \$85.40       |
| B4186 |          | PARENTERAL NUTRITION SOLUTION LIPIDS                             |      | Y      | \$103.88      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| B4189 |          | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR |      | Y      | \$170.68      |
| B4193 |          | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR |      | Y      | \$240.65      |
| B4197 |          | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR |      | Y      | \$311.74      |
| B4199 |          | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR |      | Y      | \$377.17      |
| B4216 |          | PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H   |      | Y      | \$16.44       |
| B4220 |          | PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY              |      | Y      | \$9.78        |
| B4222 |          | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY            |      | Y      | \$10.40       |
| B4224 |          | PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY              |      | Y      | \$22.45       |
| B5000 |          | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA  |      | Y      | \$10.50       |
| B5100 |          | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR |      | Y      | \$4.46        |
| B5200 |          | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA  |      | Y      | \$5.26        |
| B9000 |          | ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM                | Y    | Y      | \$1,038.32    |
| B9000 | RR       | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM              |      | Y      | \$105.09      |
| B9002 |          | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM                 | Y    | Y      | \$1,038.32    |
| B9002 | RR       | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM                 |      | Y      | \$105.09      |
| B9004 |          | PARENTERAL NUTRITION INFUSION PUMP PORTABLE                  | Y    | Y      | \$2,071.18    |
| B9004 | RR       | PARENTERAL NUTRITION INFUSION PUMP - PORTABLE                |      | Y      | \$367.83      |
| B9006 |          | PARENTERAL NUTRITION INFUSION PUMP STATIONARY                | Y    | Y      | \$2,071.18    |
| B9006 | RR       | PARENTERAL NUTRITION INFUSION PUMP STATIONARY                |      | Y      | \$367.83      |
| B9998 |          | NOC FOR ENTERAL SUPPLIES                                     |      | Y      | 80% OF BILLED |
| B9999 |          | NOC FOR PARENTERAL SUPPLIES                                  |      | Y      | 80% OF BILLED |
| E0100 |          | CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED     |      |        | \$19.40       |
| E0100 | RR       | CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED     |      |        | \$4.34        |
| E0105 |          | CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS     |      |        | \$44.21       |
| E0105 | RR       | CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS     |      |        | \$8.57        |
| E0110 |          | CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS      |      |        | \$80.84       |
| E0110 | RR       | CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR     |      |        | \$10.82       |
| E0111 |          | CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS        |      |        | \$47.51       |
| E0111 | RR       | CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH       |      |        | \$4.76        |
| E0112 |          | CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA      |      |        | \$39.76       |
| E0112 | RR       | CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA      |      |        | \$7.96        |
| E0113 |          | CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP       |      |        | \$71.00       |
| E0113 | RR       | CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD       |      |        | 80% OF BILLED |
| E0114 |          | CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT      |      |        | \$83.24       |
| E0114 | RR       | CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT      |      |        | \$10.59       |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|-------|----------|---|------|--------|---------------|
| E0116 |          | CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH          |      |        | \$43.60       |
| E0116 | RR       | CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH          |      |        | \$4.35        |
| E0117 |          | UNDERARM SPRINGASSIST CRUTCH                                    |      |        | \$192.71      |
| E0117 | RR       | UNDERARM SPRINGASSIST CRUTCH                                    |      |        | \$19.27       |
| E0130 |          | WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT                |      |        | \$72.72       |
| E0130 | RR       | WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT                |      |        | \$18.18       |
| E0135 |          | WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT              |      |        | \$73.57       |
| E0135 | RR       | WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT              |      |        | \$18.39       |
| E0141 |          | WALKER WHEELED WITHOUT SEAT                                     |      |        | \$126.33      |
| E0141 | RR       | WALKER WHEELED WITHOUT SEAT                                     |      |        | \$31.58       |
| E0142 |          | RIGID WALKER WHEELED WITH SEAT                                  |      |        | 80% OF BILLED |
| E0142 | RR       | RIGID WALKER WHEELED WITH SEAT                                  |      |        | 80% OF BILLED |
| E0143 |          | FOLDING WALKER WHEELED WITHOUT SEAT                             |      |        | \$100.38      |
| E0143 | RR       | FOLDING WALKER WHEELED WITHOUT SEAT                             |      |        | \$25.11       |
| E0144 |          | ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT      |      |        | 80% OF BILLED |
| E0144 | RR       | ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT      |      |        | 80% OF BILLED |
| E0145 |          | WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS                 |      |        | \$343.47      |
| E0145 | RR       | WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS                 |      |        | \$34.35       |
| E0146 |          | WALKER WHEELED WITH SEAT  |      |        | \$333.37      |
| E0146 | RR       | WALKER WHEELED WITH SEAT  |      |        | \$33.34       |
| E0147 |          | HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST       |      |        | \$255.61      |
| E0147 | RR       | HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST       |      |        | \$34.18       |
| E0148 |          | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE. |      |        | \$121.55      |
| E0148 | RR       | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE. |      |        | \$12.16       |
| E0149 |          | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.        |      |        | \$213.53      |
| E0149 | RR       | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.        |      |        | \$21.35       |
| E0153 |          | PLATFORM ATTACHMENT FOREARM CRUTCH EACH                         |      |        | 80% OF BILLED |
| E0153 | RR       | PLATFORM ATTACHMENT FOREARM CRUTCH EACH                         |      |        | 80% OF BILLED |
| E0154 |          | PLATFORM ATTACHMENT WALKER EACH                                 |      |        | 80% OF BILLED |
| E0154 | RR       | PLATFORM ATTACHMENT WALKER EACH                                 |      |        | 80% OF BILLED |
| E0155 |          | WHEEL ATTACHMENT RIGID PICK-UP WALKER                           |      |        | 80% OF BILLED |
| E0155 | RR       | WHEEL ATTACHMENT RIGID PICK-UP WALKER                           |      |        | 80% OF BILLED |
| E0156 |          | SEAT ATTACHMENT WALKER  |      |        | 80% OF BILLED |
| E0156 | RR       | SEAT ATTACHMENT WALKER  |      |        | 80% OF BILLED |
| E0157 |          | CRUTCH ATTACHMENT WALKER EACH                                   |      |        | 80% OF BILLED |

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|-------|----------|---|------|--------|---------------|
| E0157 | RR       | CRUTCH ATTACHMENT WALKER EACH                                   |      |        | 80% OF BILLED |
| E0158 |          | LEG EXTENSIONS FOR A WALKER                                     |      |        | 80% OF BILLED |
| E0158 | RR       | LEG EXTENSIONS FOR A WALKER                                     |      |        | 80% OF BILLED |
| E0159 |          | BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH            |      |        | \$17.05       |
| E0160 |          | SITZ TYPE BATH PORTABLE FITS OVER COMMUNE SEAT                  |      |        | \$109.60      |
| E0160 | RR       | SITZ TYPE BATH PORTABLE FITS OVER COMMUNE SEAT                  |      |        | \$21.53       |
| E0161 |          | SITZ TYPE BATH PORTABLE FITS OVER COMMUNE SEAT                  |      |        | 80% OF BILLED |
| E0161 | RR       | SITZ TYPE BATH PORTABLE FITS OVER COMMUNE SEAT                  |      |        | 80% OF BILLED |
| E0162 |          | SITZ BATH CHAIR   |      |        | 80% OF BILLED |
| E0162 | RR       | SITZ BATH CHAIR   |      |        | 80% OF BILLED |
| E0163 |          | COMMUNE CHAIR STATIONARY WITH FIXED ARMS                        | Y    |        | 80% OF BILLED |
| E0163 | RR       | COMMUNE CHAIR STATIONARY WITH FIXED ARMS                        | Y    |        | 80% OF BILLED |
| E0164 |          | COMMUNE CHAIR MOBILE WITH FIXED ARMS                            | Y    |        | 80% OF BILLED |
| E0164 | RR       | COMMUNE CHAIR MOBILE FIXED ARMS                                 | Y    |        | 80% OF BILLED |
| E0165 |          | COMMUNE CHAIR STATIONARY WITH DETACHABLE ARMS                   | Y    |        | 80% OF BILLED |
| E0165 | RR       | COMMUNE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED)          | Y    |        | 80% OF BILLED |
| E0166 |          | COMMUNE CHAIR MOBILE WITH DETACHABLE ARMS                       | Y    |        | 80% OF BILLED |
| E0166 | RR       | COMMUNE CHAIR MOBILE WITH DETACHABLE ARMS                       | Y    |        | 80% OF BILLED |
| E0167 |          | PAIL OR PAN FOR USE WITH COMMUNE CHAIR                          | Y    |        | 80% OF BILLED |
| E0168 |          | COMMUNE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS. | Y    |        | 80% OF BILLED |
| E0168 | RR       | COMMUNE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS. | Y    |        | 80% OF BILLED |
| E0169 |          | COMMUNE CHAIR WITH SEAT LIFT MECHANISM                          | Y    |        | 80% OF BILLED |
| E0169 | RR       | COMMUNE CHAIR WITH SEAT LIFT MECHANISM                          | Y    |        | 80% OF BILLED |
| E0175 |          | FOOT REST FOR USE WITH COMMUNE CHAIR EACH                       |      |        | \$52.37       |
| E0175 | RR       | FOOT REST FOR USE WITH COMMUNE CHAIR EACH                       |      |        | \$5.23        |
| E0176 |          | AIR PRESSURE PAD OR CUSHION NONPOSITIONING                      |      | Y      | \$110.62      |
| E0177 |          | WATER PRESSURE PAD OR CUSHION NONPOSITIONING                    |      | Y      | \$110.62      |
| E0177 | RR       | WATER PRESSURE PAD OR CUSHION NON-POSITIONING                   |      | Y      | \$11.06       |
| E0178 |          | GEL OR GEL-LIKE PRESSURE PAD OR CUSHION NONPOSITIONING          |      | Y      | \$110.62      |
| E0178 | RR       | GEL PRESSURE PAD OR CUSHION NON-POSITIONING                     |      | Y      | \$11.06       |
| E0179 |          | DRY PRESSURE PAD OR CUSHION NON-POSITIONING                     |      | Y      | 80% OF BILLED |
| E0179 | RR       | DRY PRESSURE PAD OR CUSHION NON-POSITIONING                     |      | y      | 80% OF BILLED |
| E0180 |          | PRESSURE PAD ALTERNATING WITH PUMP                              |      | Y      | \$256.53      |
| E0180 | RR       | PRESSURE PAD ALTERNATING WITH PUMP                              |      | Y      | \$25.65       |
| E0181 |          | PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY                   |      | Y      | \$381.60      |



# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|-------|----------|--|------|--------|---------------|
| E0181 | RR       | PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY                |      | Y      | \$38.15       |
| E0182 |          | PUMP FOR ALTERNATING PRESSURE PAD                            |      | Y      | \$238.35      |
| E0182 | RR       | PUMP FOR ALTERNATING PRESSURE PAD                            |      | Y      | \$23.84       |
| E0184 |          | PRESSURE MATTRESS DRY  |      | Y      | 80% OF BILLED |
| E0184 | RR       | PRESSURE MATTRESS DRY  |      | Y      | 80% OF BILLED |
| E0185 |          | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH  |      | Y      | \$291.11      |
| E0185 | RR       | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH  |      | Y      | \$29.12       |
| E0186 |          | AIR PRESSURE MATTRESS  |      | Y      | \$163.32      |
| E0186 | RR       | AIR PRESSURE MATTRESS  |      | Y      | \$16.33       |
| E0187 |          | WATER PRESSURE MATTRESS                                      |      | Y      | \$163.32      |
| E0187 | RR       | WATER PRESSURE MATTRESS                                      |      | Y      | \$16.33       |
| E0188 |          | SYNTHETIC SHEEPSKIN PAD                                      |      | Y      | 80% OF BILLED |
| E0189 |          | LAMBSWOOL SHEEPSKIN PAD ANY SIZE                             |      | Y      | 80% OF BILLED |
| E0191 |          | HEEL OR ELBOW PROTECTOR EACH                                 |      | Y      | 80% OF BILLED |
| E0192 |          | LOW PRESSURE & POSITIONING EQUALIZATION PAD FOR WHEELCHAIR   |      | Y      | 80% OF BILLED |
| E0193 |          | POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)              | Y    | Y      | \$10,425.78   |
| E0193 | RR       | POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)              | Y    | Y      | \$1,042.57    |
| E0194 | RR       | AIR FLUDIZED BED   | Y    | Y      | 80% OF BILLED |
| E0196 |          | GEL PRESSURE MATTRESS  |      | Y      | \$261.35      |
| E0196 | RR       | GEL PRESSURE MATTRESS  |      | Y      | \$26.14       |
| E0197 |          | AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH     |      | Y      | \$216.06      |
| E0197 | RR       | AIR PRESSURE PAD FOR MATTRESS                                |      | Y      | \$29.82       |
| E0198 |          | WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH   |      | Y      | 80% OF BILLED |
| E0198 | RR       | WATER PRESSURE PAD FOR MATTRESS                              |      | Y      | 80% OF BILLED |
| E0199 |          | DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH |      | Y      | 80% OF BILLED |
| E0199 | RR       | DRY PRESSURE PAD FOR MATTRESS                                |      | Y      | 80% OF BILLED |
| E0200 |          | HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR       |      |        | \$48.51       |
| E0200 | RR       | HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR       |      |        | \$4.85        |
| E0202 |          | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER               |      |        | \$516.12      |
| E0202 | RR       | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER               |      |        | \$51.61       |
| E0203 |          | THERAPEUTIC LIGHTBOX TABLET                                  |      |        | 80% OF BILLED |
| E0203 | RR       | THERAPEUTIC LIGHTBOX TABLET                                  |      |        | 80% OF BILLED |
| E0205 |          | HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED               |      |        | 80% OF BILLED |
| E0205 | RR       | HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED               |      |        | 80% OF BILLED |
| E0210 |          | ELECTRIC HEAT PAD STANDARD                                   |      |        | \$21.10       |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|-------|----------|---|------|--------|---------------|
| E0215 |          | ELECTRIC HEAT PAD MOIST                                     |      |        | \$73.26       |
| E0217 |          | WATER CIRCULATING HEAT PAD WITH PUMP                        |      |        | 80% OF BILLED |
| E0217 | RR       | WATER CIRCULATING HEAT PAD WITH PUMP                        |      |        | 80% OF BILLED |
| E0218 |          | WATER CIRCULATING COLD PAD WITH PUMP                        |      |        | 80% OF BILLED |
| E0218 | RR       | WATER CIRCULATING COLD PAD WITH PUMP                        |      |        | 80% OF BILLED |
| E0220 |          | HOT WATER BOTTLE  |      |        | 80% OF BILLED |
| E0221 |          | INFRARED HEATING PAD SYSTEM                                 | Y    |        | \$2,102.90    |
| E0221 | RR       | INFRARED HEATING PAD SYSTEM                                 |      |        | \$210.29      |
| E0225 |          | HYDROCOLLATOR UNIT INCLUDING PADS                           |      |        | 80% OF BILLED |
| E0225 | RR       | HYDROCOLLATOR UNIT INCLUDES PADS                            |      |        | 80% OF BILLED |
| E0230 |          | ICE CAP OR COLLAR   |      |        | 80% OF BILLED |
| E0231 |          | NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, |      |        | 80% OF BILLED |
| E0231 | RR       | NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, |      |        | 80% OF BILLED |
| E0232 |          | WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING     |      |        | 80% OF BILLED |
| E0235 |          | PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265  |      |        | \$194.31      |
| E0235 | RR       | PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265  |      |        | \$19.43       |
| E0236 |          | PUMP FOR WATER CIRCULATING PAD                              |      |        | 80% OF BILLED |
| E0236 | RR       | PUMP FOR WATER CIRCULATING PAD                              |      |        | 80% OF BILLED |
| E0238 |          | NON-ELECTRIC HEAT PAD MOIST                                 |      |        | 80% OF BILLED |
| E0238 | RR       | NON-ELECTRIC HEAT PAD MOIST                                 |      |        | 80% OF BILLED |
| E0239 |          | HYDROCOLLATOR UNIT PORTABLE                                 |      |        | 80% OF BILLED |
| E0239 | RR       | HYDROCOLLATOR UNIT PORTABLE                                 |      |        | 80% OF BILLED |
| E0244 |          | RAISED TOILET SEAT  |      |        | \$60.50       |
| E0245 |          | TUB STOOL OR BENCH  |      |        | 80% OF BILLED |
| E0245 | RR       | TUB STOOL OR BENCH  |      |        | 80% OF BILLED |
| E0249 |          | PAD FOR WATER CIRCULATING HEAT UNIT                         |      |        | 80% OF BILLED |
| E0249 | RR       | PAD FOR WATER CIRCULATING HEAT UNIT                         |      |        | 80% OF BILLED |
| E0250 |          | HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS     | Y    | Y      | \$987.57      |
| E0250 | RR       | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS     | Y    | Y      | \$98.76       |
| E0251 |          | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS    | Y    | Y      | \$627.20      |
| E0251 | RR       | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE    | Y    | Y      | \$62.72       |
| E0255 |          | HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS   | Y    | Y      | \$1,086.36    |
| E0255 | RR       | HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES    | Y    | Y      | \$108.63      |
| E0256 |          | HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE    | Y    | Y      | \$789.03      |
| E0256 | RR       | HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS    | Y    | Y      | \$78.90       |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|-------|----------|---|------|--------|---------------|
| E0260 |          | HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS          | Y    | Y      | \$1,514.18    |
| E0260 | RR       | HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS   | Y    | Y      | \$151.41      |
| E0261 |          | HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE   | Y    | Y      | \$1,240.84    |
| E0261 | RR       | HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT | Y    | Y      | \$124.09      |
| E0265 |          | HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS                | Y    | Y      | \$1,692.73    |
| E0265 | RR       | HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATTRESS    | Y    | Y      | \$169.28      |
| E0266 |          | HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS         | Y    | Y      | \$1,514.18    |
| E0266 | RR       | HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A     | Y    | Y      | \$151.41      |
| E0271 |          | MATTRESS INNERSPRING  |      | Y      | \$139.56      |
| E0272 |          | MATTRESS FOAM RUBBER  |      | Y      | 80% OF BILLED |
| E0273 |          | BED BOARD   |      | Y      | 80% OF BILLED |
| E0275 |          | BED PAN STANDARD METAL OR PLASTIC                           |      |        | \$13.39       |
| E0276 |          | BED PAN FRACTURE METAL OR PLASTIC                           |      |        | \$9.24        |
| E0277 |          | POWERED PRESSURE-REDUCING AIR MATTRESS                      | Y    | Y      | \$7,858.46    |
| E0277 | RR       | ALTERNATING PRESSURE MATTRESS                               | Y    | Y      | \$785.84      |
| E0280 |          | BED CRADLE ANY TYPE   | Y    | Y      | 80% OF BILLED |
| E0280 | RR       | BED CRADLE ANY TYPE   | Y    | Y      | 80% OF BILLED |
| E0290 |          | HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS      | Y    | Y      | \$765.71      |
| E0290 | RR       | HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS          | Y    | Y      | \$76.57       |
| E0291 |          | HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS   | Y    | Y      | \$547.43      |
| E0291 | RR       | HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS        | Y    | Y      | \$54.74       |
| E0292 |          | HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS       | Y    | Y      | \$974.22      |
| E0292 | RR       | HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS    | Y    | Y      | \$97.42       |
| E0293 |          | HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS     | Y    | Y      | \$855.46      |
| E0293 | RR       | HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS   | Y    | Y      | \$85.59       |
| E0294 |          | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS          | Y    | Y      | \$1,450.60    |
| E0294 | RR       | HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE  | Y    | Y      | \$145.06      |
| E0295 |          | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS      | Y    | Y      | \$1,450.60    |
| E0295 | RR       | HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES | Y    | Y      | \$145.06      |
| E0296 |          | HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS        | Y    | Y      | \$2,022.84    |
| E0296 | RR       | HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS        | Y    | Y      | \$202.28      |
| E0297 |          | HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS     | Y    | Y      | \$1,804.56    |
| E0297 | RR       | HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS         | Y    | Y      | \$180.46      |
| E0305 |          | BED SIDE RAILS HALF LENGTH EACH                             |      | Y      | \$156.38      |
| E0305 | RR       | HOSPITAL BED SIDE RAILS HALF LENGTH (EACH)                  |      | Y      | \$15.63       |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|--------|----------|--|------|--------|---------------|
| E0310  |          | BEDSIDE RAILS FULL-LENGTH                                    |      | Y      | \$156.38      |
| E0310  | RR       | HOSPITAL BED SIDE RAILS FULL LENGTH (EACH)                   |      | Y      | \$15.63       |
| E0315  |          | BED ACCESSORIES: BOARDS OR TABLES ANY TYPE                   |      | Y      | 80% OF BILLED |
| E0315  | RR       | BED ACCESSORIES: BOARDS OR TABLES ANY TYPE                   |      | Y      | 80% OF BILLED |
| E0316  |          | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY | Y    | Y      | \$1,909.90    |
| E0316  | RR       | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY |      | Y      | \$190.99      |
| E0325  |          | URINAL MALE ANY MATERIAL                                     |      |        | \$20.74       |
| E0326  |          | URINAL FEMALE ANY MATERIAL                                   |      |        | 80% OF BILLED |
| E0350  |          | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST |      |        | 80% OF BILLED |
| E0350  | RR       | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST |      |        | 80% OF BILLED |
| E0352  |          | DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM |      |        | 80% OF BILLED |
| E0370  |          | AIR PRESSURE ELEVATOR FOR HEEL                               |      |        | 80% OF BILLED |
| E0371  |          | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS   | Y    | Y      | \$4,632.99    |
| E0371  | RR       | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS   | Y    | Y      | \$382.26      |
| E0372  |          | POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH   | Y    | Y      | \$5,621.98    |
| E0372  | RR       | POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH       | Y    | Y      | \$463.86      |
| E0373  |          | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS               | Y    | Y      | \$6,439.96    |
| E0373  | RR       | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS               | Y    | Y      | \$531.35      |
| E0424  | NF       | STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES                |      | Y      | \$204.02      |
| E0424* | RR       | STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF.     |      | Y      | \$232.58      |
| E0425* |          | STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES           |      | Y      | \$259.94      |
| E0431  | NF       | PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING |      | Y      | \$49.19       |
| E0431* | RR       | PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING |      | Y      | \$49.19       |
| E0434  | NF       | PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES     |      | Y      | \$49.19       |
| E0434* | RR       | PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES     |      | Y      | \$49.19       |
| E0439  | NF       | STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES              |      | Y      | \$204.02      |
| E0439* | RR       | STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB    |      | Y      | \$232.58      |
| E0441* |          | O2 CONT GAS PER UNIT=50CF USE WITH OWNED STN/PORT OR BOTH    |      | Y      | \$170.36      |
| E0442* |          | O2 CONT LIQ PER UNIT=10LB USE WITH OWNED STN/PORT OR BOTH    |      | Y      | \$170.36      |
| E0443* |          | PORT O2 CONT GAS UNIT=5 CF USE ONLY WITH PORT GAS SYS        |      | Y      | \$25.19       |
| E0444* |          | PORT O2 CONT LIQ UNIT=1LB USE ONLY WITH PORT LIQ SYS         |      | Y      | \$25.19       |
| E0445  |          | OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY | Y    | Y      | 1142.51       |
| E0445  | RR       | OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY | Y    | Y      | 114.25        |
| E0450  | NF       | VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT  |      | Y      | 1013.52       |
| E0450* | RR       | VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT  | Y    | Y      | \$1,013.52    |

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|--------|----------|--|------|--------|---------------|
| E0454  | RR       | PRESSURE VENTILATOR  | Y    | Y      | 1400.14       |
| E0457* | RR       | CHEST SHELL (CUIRASS)  |      | Y      | \$42.48       |
| E0459* |          | CHEST WRAP   |      | Y      | \$374.89      |
| E0459* | RR       | CHEST WRAP   |      | Y      | \$37.49       |
| E0460  | NF       | NEGATIVE PRESSURE PUMP   |      | Y      | 573.48        |
| E0460* | RR       | NEGATIVE PRESSURE PUMP   |      | Y      | \$573.48      |
| E0461  | RR       | VOL VENT NONINVASIVE INTERFACE                                   | Y    | Y      | 1002.05       |
| E0462* |          | ROCKING BED WITH OR WITHOUT SIDE RAILS                           | Y    | Y      | \$2,310.29    |
| E0462* | RR       | ROCKING BED WITH OR WITHOUT SIDERAILS                            | Y    | Y      | \$231.03      |
| E0480* |          | PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL                       |      | Y      | \$362.54      |
| E0480* | RR       | PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL                       |      | Y      | \$36.26       |
| E0481  |          | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED         |      | Y      | 80% OF BILLED |
| E0481  | RR       | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED         |      | Y      | 80% OF BILLED |
| E0482  |          | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE      | Y    | Y      | \$3,858.30    |
| E0482  | RR       | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE      | Y    | Y      | \$385.83      |
| E0483  |          | CHEST COMPRESSION GEN SYSTEM                                     | Y    | Y      | 10631.3       |
| E0483  | RR       | CHEST COMPRESSION GEN SYSTEM                                     | Y    | Y      | 1063.13       |
| E0484  |          | NON-ELEC OSCILLATORY PEP DVC                                     |      |        | 36.92         |
| E0500* |          | IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL      |      | Y      | \$860.14      |
| E0500* | RR       | IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL      |      | Y      | \$72.47       |
| E0550* |          | HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO      |      | Y      | \$98.72       |
| E0550* | RR       | HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO      |      | Y      | \$19.38       |
| E0560* |          | HUMIDIFIER FOR IPPB TREATMENT OR OXYGEN DELIVERY                 |      | Y      | \$47.10       |
| E0560* | RR       | HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING        |      | Y      | \$4.90        |
| E0565* |          | COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF      |      | Y      | \$565.34      |
| E0565* | RR       | COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF      |      | Y      | \$56.53       |
| E0570* |          | NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID               |      | Y      | \$122.66      |
| E0570* | RR       | NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID               |      | Y      | \$12.27       |
| E0571  |          | AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.     |      | Y      | \$260.00      |
| E0571  | RR       | AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.     |      | Y      | \$26.00       |
| E0572  |          | AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE. |      | Y      | \$330.40      |
| E0572  | RR       | AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE. |      | Y      | \$33.04       |
| E0574  |          | ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.    |      | Y      | \$349.20      |
| E0574  | RR       | ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.    |      | Y      | \$34.92       |
| E0575* |          | NEBULIZER SELF-CONTAINED ULTRASONIC                              |      | Y      | \$475.30      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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|--------|----------|--|------|--------|---------------|
| E0575* | RR       | NEBULIZER SELF-CONTAINED ULTRASONIC                            |      | Y      | \$47.20       |
| E0580* |          | NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE         |      | Y      | \$6.48        |
| E0585* |          | NEBULIZER WITH COMPRESSOR AND HEATER                           |      | Y      | \$412.84      |
| E0585* | RR       | NEBULIZER WITH COMPRESSOR AND HEATER                           |      | Y      | \$41.28       |
| E0600* |          | SUCTION PUMP HOME MODEL PORTABLE                               |      | Y      | \$562.43      |
| E0600* | RR       | SUCTION PUMP HOME MODEL PORTABLE                               |      | Y      | \$56.24       |
| E0601* |          | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE                 | Y    | Y      | \$1,229.85    |
| E0601* | RR       | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE                 |      | Y      | \$123.17      |
| E0603  | RR       | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE                 |      |        | \$99.87       |
| E0605* |          | VAPORIZER ROOM TYPE  |      |        | \$22.44       |
| E0606* | RR       | POSTURAL DRAINAGE BOARD  |      |        | \$14.87       |
| E0607* |          | HOME BLOOD GLUCOSE MONITOR                                     |      |        | \$98.64       |
| E0610  |          | PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO      |      |        | 80% OF BILLED |
| E0615  |          | PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION      |      |        | 80% OF BILLED |
| E0618  |          | APNEA MONITOR  | Y    | Y      | \$2,383.00    |
| E0618  | RR       | APNEA MONITOR  |      |        | \$238.30      |
| E0619  |          | APNEA MONITOR W RECORDER                                       | Y    | Y      | \$2,383.00    |
| E0619  | RR       | APNEA MONITOR W RECORDER                                       |      |        | \$238.30      |
| E0620  |          | SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, |      |        | \$870.07      |
| E0621  |          | SLING OR SEAT PATIENT LIFT CANVAS OR NYLON                     |      |        | 80% OF BILLED |
| E0625  |          | PATIENT LIFT KARTOP BATHROOM OR TOILET                         |      |        | 80% OF BILLED |
| E0625  | RR       | PATIENT LIFT KARTOP BATHROOM OR TOILET                         |      |        | 80% OF BILLED |
| E0627  |          | SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA   |      | Y      | \$277.37      |
| E0628  |          | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN   |      | Y      | \$277.37      |
| E0628  | RR       | SEPARATE SEAT LFT MECH FOR USE WITH PATIENT OWNER FURN-ELEC    |      | Y      | \$27.73       |
| E0629  |          | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED        |      | Y      | \$277.37      |
| E0629  | RR       | SEPARATE SEAT LIFT MECH FOR USE WITH PAT OWNED FURN-NON-ELEC   |      | Y      | \$27.73       |
| E0630  |          | PATIENT LIFT HYDRAULIC WITH SEAT OR SLING                      |      |        | \$993.14      |
| E0630  | RR       | PATIENT LIFT HYDRAULIC WITH SEAT OR SLING                      |      |        | \$99.31       |
| E0635  |          | PATIENT LIFT ELECTRIC WITH SEAT OR SLING                       | Y    |        | \$1,271.63    |
| E0635  | RR       | PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING                 |      |        | \$127.17      |
| E0636  |          | PT SUPPORT & POSITIONING SYS                                   |      |        | 80% OF BILLED |
| E0636  | RR       | PT SUPPORT & POSITIONING SYS                                   |      |        | 80% OF BILLED |
| E0650  |          | PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL                  |      |        | 80% OF BILLED |
| E0650  | RR       | PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL                  |      |        | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|-------|----------|---|------|--------|---------------|
| E0651 |          | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED    |      |        | 80% OF BILLED |
| E0651 | RR       | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED    |      |        | 80% OF BILLED |
| E0652 |          | PLEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED   |      |        | 80% OF BILLED |
| E0652 | RR       | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD |      |        | 80% OF BILLED |
| E0655 |          | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF  |      |        | 80% OF BILLED |
| E0655 | RR       | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF  |      |        | 80% OF BILLED |
| E0660 |          | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL  |      |        | 80% OF BILLED |
| E0660 | RR       | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL  |      |        | 80% OF BILLED |
| E0665 |          | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL  |      |        | 80% OF BILLED |
| E0665 | RR       | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL  |      |        | 80% OF BILLED |
| E0666 |          | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF  |      |        | 80% OF BILLED |
| E0666 | RR       | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF  |      |        | 80% OF BILLED |
| E0667 |          | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG             |      |        | 80% OF BILLED |
| E0667 | RR       | PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG                |      |        | 80% OF BILLED |
| E0668 |          | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM             |      |        | 80% OF BILLED |
| E0668 | RR       | PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM                |      |        | 80% OF BILLED |
| E0669 |          | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG        |      |        | 80% OF BILLED |
| E0669 | RR       | PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG           |      |        | 80% OF BILLED |
| E0671 |          | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG    |      |        | 80% OF BILLED |
| E0671 | RR       | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG    |      |        | 80% OF BILLED |
| E0672 |          | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM    |      |        | 80% OF BILLED |
| E0672 | RR       | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM    |      |        | 80% OF BILLED |
| E0673 |          | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG    |      |        | 80% OF BILLED |
| E0673 | RR       | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG    |      |        | 80% OF BILLED |
| E0691 |          | UVL PNL 2 SQ FT OR LESS                                     |      |        | \$898.59      |
| E0691 | RR       | UVL PNL 2 SQ FT OR LESS                                     |      |        | \$89.86       |
| E0692 |          | UVL SYS PANEL 4 FT  | Y    | Y      | \$1,128.37    |
| E0692 | RR       | UVL SYS PANEL 4 FT  |      |        | \$112.84      |
| E0693 |          | UVL SYS PANEL 6 FT  | Y    | Y      | \$1,390.98    |
| E0693 | RR       | UVL SYS PANEL 6 FT  |      |        | \$139.10      |
| E0694 |          | UVL MD CABINET SYS 6 FT                                     | Y    | Y      | \$4,427.34    |
| E0694 | RR       | UVL MD CABINET SYS 6 FT                                     |      |        | \$442.73      |
| E0700 |          | SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)                |      |        | 80% OF BILLED |
| E0700 | RR       | SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)                |      |        | 80% OF BILLED |
| E0701 |          | HELMET W FACE GUARD PREFAB                                  |      |        | \$153.35      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc  | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|-------|----------|---|------|--------|---------------|
| E0710 |          | RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)                 |      |        | 80% OF BILLED |
| E0710 | RR       | RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)                 |      |        | 80% OF BILLED |
| E0720 |          | TENS TWO LEAD LOCALIZED STIMULATION                             |      |        | \$499.51      |
| E0720 | RR       | TENS TWO LEAD LOCALIZED STIMULATION                             |      |        | \$49.94       |
| E0730 |          | TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION           |      |        | \$599.78      |
| E0730 | RR       | TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION           |      |        | \$59.98       |
| E0731 |          | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS            |      |        | 80% OF BILLED |
| E0731 | RR       | FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS             |      |        | 80% OF BILLED |
| E0740 |          | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR |      |        | 80% OF BILLED |
| E0740 | RR       | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR |      |        | 80% OF BILLED |
| E0744 |          | NEUROMUSCULAR STIMULATOR FOR SCOLOSIS                           |      |        | \$736.92      |
| E0744 | RR       | NEUROMUSCULAR STIMULATOR FOR SCOLOSIS                           |      |        | \$73.69       |
| E0745 |          | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC       |      |        | \$1,015.40    |
| E0745 | RR       | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC       |      |        | \$101.55      |
| E0746 | RR       | ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE                       |      |        | 80% OF BILLED |
| E0747 |          | OSTEOGENESIS STIMULATOR (NON-INVASIVE)                          | Y    |        | \$3,439.40    |
| E0747 | RR       | OSTEOGENESIS STIMULATOR (NON-INVASIVE)                          |      |        | \$343.94      |
| E0748 |          | OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS            |      |        | \$3,417.11    |
| E0748 | RR       | OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS           |      |        | \$341.71      |
| E0749 |          | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)                  | Y    |        | \$2,331.91    |
| E0749 | RR       | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)                  |      |        | \$233.20      |
| E0752 |          | IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH                     |      |        | \$375.29      |
| E0754 |          | PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE          |      |        | \$855.74      |
| E0755 |          | ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)    |      |        | 80% OF BILLED |
| E0759 |          | RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE  |      |        | \$633.89      |
| E0760 |          | OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASI     |      |        | 80% OF BILLED |
| E0765 |          | NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.          | Y    |        | 80% OF BILLED |
| E0765 | RR       | NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.          | Y    |        | 80% OF BILLED |
| E0776 |          | IV POLE   |      |        | \$135.52      |
| E0776 | RR       | IV POLE RENTAL  |      |        | \$24.18       |
| E0779 |          | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.      |      | Y      | \$144.70      |
| E0779 | RR       | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.      |      | Y      | \$14.47       |
| E0780 |          | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.       |      | Y      | \$144.70      |
| E0780 | RR       | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.       |      | Y      | \$14.47       |
| E0781 |          | EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP                 | Y    | Y      | \$2,534.42    |



# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|-------|----------|---|------|--------|---------------|
| E0781 | RR       | EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP             |      | Y      | \$253.44      |
| E0782 |          | INFUSION PUMP IMPLANTABLE                                   | Y    | Y      | \$3,079.24    |
| E0782 | RR       | INFUSION PUMP IMPLANTABLE                                   |      | Y      | \$307.93      |
| E0783 |          | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE  |      | Y      | 80% OF BILLED |
| E0783 | RR       | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE  |      | Y      | 80% OF BILLED |
| E0784 |          | EXTERNAL AMBULATORY INFUSION PUMP INSULIN                   |      | Y      | 80% OF BILLED |
| E0785 |          | IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT |      | Y      | \$414.09      |
| E0791 |          | PARENTERAL INFUSION PUMP STATIONARY                         | Y    | Y      | \$2,544.51    |
| E0791 | RR       | PARENTERAL INFUSION PUMP STATIONARY                         |      | Y      | \$254.45      |
| E0830 |          | AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.                |      |        | 80% OF BILLED |
| E0830 | RR       | AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.                |      |        | 80% OF BILLED |
| E0840 |          | TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL        |      |        | \$43.16       |
| E0840 | RR       | TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT  |      |        | \$4.31        |
| E0850 |          | TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION       |      |        | \$31.80       |
| E0850 | RR       | TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION       |      |        | \$3.18        |
| E0855 |          | CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME |      |        | 80% OF BILLED |
| E0855 | RR       | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME |      |        | 80% OF BILLED |
| E0860 |          | TRACTION EQUIPMENT OVERDOOR CERVICAL                        |      |        | \$31.80       |
| E0860 | RR       | TRACTION EQUIPMENT OVERDOOR CERVICAL                        |      |        | \$3.18        |
| E0870 |          | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY       |      |        | \$61.70       |
| E0870 | RR       | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY       |      |        | \$6.17        |
| E0880 |          | TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION      |      |        | \$111.46      |
| E0880 | RR       | TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION      |      |        | \$22.23       |
| E0890 |          | TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION        |      |        | \$220.14      |
| E0890 | RR       | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO  |      |        | \$22.02       |
| E0900 |          | TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G    |      |        | \$321.37      |
| E0900 | RR       | TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS)        |      |        | \$40.18       |
| E0910 |          | TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G    |      |        | \$208.93      |
| E0910 | RR       | TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G    |      |        | \$20.89       |
| E0920 |          | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS             |      |        | \$504.45      |
| E0920 | RR       | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS             |      |        | \$50.44       |
| E0930 |          | FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS               |      |        | \$617.21      |
| E0930 | RR       | FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS               |      |        | \$61.72       |
| E0935 | RR       | PASSIVE MOTION EXERCISE DEVICE                              |      |        | 80% OF BILLED |
| E0940 |          | TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR            |      |        | \$287.65      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| E0940 | RR       | TRAPEZE BAR FREE STANDING WITH GRAB BAR                    |      |        | \$28.76       |
| E0941 |          | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE                  |      |        | 80% OF BILLED |
| E0941 | RR       | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE                  |      |        | 80% OF BILLED |
| E0942 |          | CERVICAL HEAD HARNESS/HALTER                               |      |        | 80% OF BILLED |
| E0942 | RR       | CERVICAL HEAD HARNESS/HALTER                               |      |        | 80% OF BILLED |
| E0943 |          | CERVICAL PILLOW  |      |        | 80% OF BILLED |
| E0944 |          | PELVIC BELT/HARNESS/BOOT                                   |      |        | 80% OF BILLED |
| E0944 | RR       | PELVIC BELT/HARNESS/BOOT                                   |      |        | 80% OF BILLED |
| E0945 |          | EXTREMITY BELT/HARNESS                                     |      |        | 80% OF BILLED |
| E0945 | RR       | EXTREMITY BELT/HARNESS                                     |      |        | 80% OF BILLED |
| E0946 |          | FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.    |      |        | 80% OF BILLED |
| E0946 | RR       | FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.    |      |        | 80% OF BILLED |
| E0947 |          | FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION     |      |        | 80% OF BILLED |
| E0947 | RR       | FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION     |      |        | 80% OF BILLED |
| E0948 |          | FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION   |      |        | 80% OF BILLED |
| E0948 | RR       | FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION   |      |        | 80% OF BILLED |
| E0950 |          | TRAY   |      | Y      | 80% OF BILLED |
| E0951 |          | LOOP HEEL EACH   |      | Y      | 80% OF BILLED |
| E0952 |          | LOOP TOE EACH  |      | Y      | 80% OF BILLED |
| E0953 |          | PNEUMATIC TIRE EACH  |      | Y      | 80% OF BILLED |
| E0954 |          | SEMI-PNEUMATIC CASTER EACH                                 |      | Y      | 80% OF BILLED |
| E0958 |          | WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR            |      | Y      | 80% OF BILLED |
| E0958 | RR       | WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR            |      | Y      | 80% OF BILLED |
| E0959 |          | AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF |      | Y      | 80% OF BILLED |
| E0961 |          | BRAKE EXTENSION FOR WHEELCHAIR                             |      | Y      | 80% OF BILLED |
| E0962 |          | 1" CUSHION FOR WHEELCHAIR                                  |      | Y      | 80% OF BILLED |
| E0963 |          | 2" CUSHION FOR WHEELCHAIR                                  |      | Y      | 80% OF BILLED |
| E0964 |          | 3" CUSHION FOR WHEELCHAIR                                  |      | Y      | 80% OF BILLED |
| E0965 |          | 4" CUSHION FOR WHEELCHAIR                                  |      | Y      | 80% OF BILLED |
| E0966 |          | HOOK ON HEAD REST EXTENSION                                |      | Y      | 80% OF BILLED |
| E0967 |          | WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED         |      | Y      | 80% OF BILLED |
| E0968 |          | COMMODE SEAT WHEELCHAIR                                    |      | Y      | 80% OF BILLED |
| E0968 | RR       | COMMODE SEAT WHEELCHAIR                                    |      | Y      | 80% OF BILLED |
| E0969 |          | NARROWING DEVICE WHEELCHAIR                                |      | Y      | 80% OF BILLED |
| E0969 | RR       | NARROWING DEVICE WHEELCHAIR                                |      | Y      | 80% OF BILLED |

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## Montana Medicaid Fee Schedule

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|-------|----------|--|------|--------|---------------|
| E0970 |          | NO.2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST            |      | Y      | 80% OF BILLED |
| E0971 |          | ANTI-TIPPING DEVICE WHEELCHAIRS                          |      | Y      | 80% OF BILLED |
| E0972 |          | TRANSFER BOARD OR DEVICE                                 |      | Y      | 80% OF BILLED |
| E0973 |          | ADJUSTABLE HEIGHT DETACHABLE ARMS DESK OR FULL LENGTH    |      | Y      | 80% OF BILLED |
| E0974 |          | GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) |      | Y      | 80% OF BILLED |
| E0975 |          | REINFORCED SEAT UPHOLSTERY WHEELCHAIR                    |      | Y      | 80% OF BILLED |
| E0976 |          | REINFORCED BACK UPHOLSTERY WHEELCHAIR                    |      | Y      | 80% OF BILLED |
| E0977 |          | WEDGE CUSHION WHEELCHAIR                                 |      | Y      | 80% OF BILLED |
| E0978 |          | BELT SAFETY WITH AIRPLANE BUCKLE WHEELCHAIR              |      | Y      | 80% OF BILLED |
| E0979 |          | BELT SAFETY WITH VELCRO CLOSURE WHEELCHAIR               |      | Y      | 80% OF BILLED |
| E0980 |          | SAFETY VEST WHEELCHAIR                                   |      | Y      | 80% OF BILLED |
| E0990 |          | ELEVATING LEG REST EACH                                  |      | Y      | 80% OF BILLED |
| E0990 | RR       | ELEVATING LEG REST EACH                                  |      | Y      | 80% OF BILLED |
| E0991 |          | UPHOLSTERY SEAT  |      | Y      | 80% OF BILLED |
| E0992 |          | SOLID SEAT INSERT  |      | Y      | 80% OF BILLED |
| E0993 |          | BACK UPHOLSTERY  |      | Y      | 80% OF BILLED |
| E0994 |          | ARM REST EACH  |      | Y      | 80% OF BILLED |
| E0995 |          | CALF REST EACH   |      | Y      | 80% OF BILLED |
| E0996 |          | TIRE SOLID EACH  |      | Y      | 80% OF BILLED |
| E0997 |          | CASTER WITH A FORK                                       |      | Y      | 80% OF BILLED |
| E0998 |          | CASTER WITHOUT FORK                                      |      | Y      | 80% OF BILLED |
| E0999 |          | PNEUMATIC TIRE WITH WHEEL                                |      | Y      | 80% OF BILLED |
| E1000 |          | TIRE PNEUMATIC CASTER                                    |      | Y      | 80% OF BILLED |
| E1001 |          | WHEEL SINGLE   |      | Y      | 80% OF BILLED |
| E1011 |          | PED WC MODIFY WIDTH ADJUSTM                              |      | Y      | 80% OF BILLED |
| E1012 |          | INT SEAT SYS PLANAR PED W/C                              |      | Y      | 80% OF BILLED |
| E1012 | RR       | INT SEAT SYS PLANAR PED W/C                              |      | Y      | 80% OF BILLED |
| E1013 |          | INT SEAT SYS CONTOUR PED W/C                             |      | Y      | 80% OF BILLED |
| E1013 | RR       | INT SEAT SYS CONTOUR PED W/C                             |      | Y      | 80% OF BILLED |
| E1014 |          | RECLINING BACK ADD PED W/C                               |      | Y      | 80% OF BILLED |
| E1014 | RR       | RECLINING BACK ADD PED W/C                               |      | Y      | 80% OF BILLED |
| E1015 |          | SHOCK ABSORBER FOR MAN W/C                               |      | Y      | 80% OF BILLED |
| E1016 |          | SHOCK ABSORBER FOR POWER W/C                             |      | Y      | 80% OF BILLED |
| E1017 |          | HD SHCK ABSRBR FOR HD MAN WC                             |      | Y      | 80% OF BILLED |
| E1018 |          | HD SHCK ABSRBER FOR HD POWWC                             |      | Y      | 80% OF BILLED |

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|-------|----------|--|------|--------|---------------|
| E1020 |          | RESIDUAL LIMB SUPPORT SYSTEM                                   |      | Y      | 80% OF BILLED |
| E1020 | RR       | ECONOMY WHEELCHAIR FIXED FULL LENGTH ARMS BOLT ON ELEVATING    |      | Y      | 80% OF BILLED |
| E1025 |          | PEDWC LAT/THOR SUP NOCONTOUR                                   |      | Y      | 80% OF BILLED |
| E1025 | RR       | PEDWC LAT/THOR SUP NOCONTOUR                                   |      | Y      | 80% OF BILLED |
| E1026 |          | PEDWC CONTOURED LAT/THOR SUP                                   |      | Y      | 80% OF BILLED |
| E1026 | RR       | PEDWC CONTOURED LAT/THOR SUP                                   |      | Y      | 80% OF BILLED |
| E1027 |          | PED WC LAT/ANT SUPPORT   |      | Y      | 80% OF BILLED |
| E1027 | RR       | PED WC LAT/ANT SUPPORT   |      | Y      | 80% OF BILLED |
| E1031 |          | ROLLABOUT CHAIR ANY AND ALL TYPES WITH CASTORS 5" OR GREATER   | Y    | Y      | 80% OF BILLED |
| E1031 | RR       | ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER      | Y    | Y      | 80% OF BILLED |
| E1035 |          | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT |      | Y      | 80% OF BILLED |
| E1035 | RR       | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT |      | Y      | 80% OF BILLED |
| E1037 |          | TRANSPORT CHAIR PED SIZE                                       | Y    | Y      | 80% OF BILLED |
| E1037 | RR       | TRANSPORT CHAIR PED SIZE                                       | Y    | Y      | 80% OF BILLED |
| E1038 |          | TRANSPORT CHAIR ADULT SIZE                                     | Y    | Y      | 80% OF BILLED |
| E1038 | RR       | TRANSPORT CHAIR ADULT SIZE                                     | Y    | Y      | 80% OF BILLED |
| E1050 |          | FULLY-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY   | Y    | Y      | 80% OF BILLED |
| E1050 | RR       | FULLY-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY   | Y    | Y      | 80% OF BILLED |
| E1060 |          | FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL        | Y    | Y      | 80% OF BILLED |
| E1060 | RR       | FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL        | Y    | Y      | 80% OF BILLED |
| E1065 |          | POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED)      |      | Y      | 80% OF BILLED |
| E1066 |          | BATTERY CHARGER  |      | Y      | 80% OF BILLED |
| E1069 |          | DEEP CYCLE BATTERY   |      | Y      | 80% OF BILLED |
| E1070 |          | FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL       | Y    | Y      | 80% OF BILLED |
| E1070 | RR       | FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL       | Y    | Y      | 80% OF BILLED |
| E1083 |          | HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH       | Y    | Y      | 80% OF BILLED |
| E1083 | RR       | HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH       | Y    | Y      | 80% OF BILLED |
| E1084 |          | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS       | Y    | Y      | 80% OF BILLED |
| E1084 | RR       | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS       | Y    | Y      | 80% OF BILLED |
| E1085 |          | HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH       | Y    | Y      | 80% OF BILLED |
| E1085 | RR       | HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH       | Y    | Y      | 80% OF BILLED |
| E1086 |          | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH            | Y    | Y      | 80% OF BILLED |
| E1086 | RR       | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH            | Y    | Y      | 80% OF BILLED |
| E1087 |          | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS    | Y    | Y      | 80% OF BILLED |
| E1087 | RR       | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS    | Y    | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| E1088 |          | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR | Y    | Y      | 80% OF BILLED |
| E1088 | RR       | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR | Y    | Y      | 80% OF BILLED |
| E1089 |          | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS       | Y    | Y      | 80% OF BILLED |
| E1089 | RR       | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS       | Y    | Y      | 80% OF BILLED |
| E1090 |          | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR | Y    | Y      | 80% OF BILLED |
| E1090 | RR       | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK O  | Y    | Y      | 80% OF BILLED |
| E1092 |          | WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL     | Y    | Y      | 80% OF BILLED |
| E1092 | RR       | WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL     | Y    | Y      | 80% OF BILLED |
| E1093 |          | WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL      | Y    | Y      | 80% OF BILLED |
| E1093 | RR       | WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL      | Y    | Y      | 80% OF BILLED |
| E1100 |          | SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING       | Y    | Y      | 80% OF BILLED |
| E1100 | RR       | SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AW    | Y    | Y      | 80% OF BILLED |
| E1110 |          | SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL      | Y    | Y      | 80% OF BILLED |
| E1110 | RR       | SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL      | Y    | Y      | 80% OF BILLED |
| E1130 |          | STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY        | Y    | Y      | 80% OF BILLED |
| E1130 | RR       | STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY        | Y    | Y      | 80% OF BILLED |
| E1140 |          | WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING         | Y    | Y      | 80% OF BILLED |
| E1140 | RR       | WHEELCHAIR DETACHABLE ARMS SWING AWAY LEG RESTS              | Y    | Y      | 80% OF BILLED |
| E1150 |          | WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY    | Y    | Y      | 80% OF BILLED |
| E1150 | RR       | WHEELCHAIR DETACHABLE ARMS FULL LENGTH SWING AWAY DETACH     | Y    | Y      | 80% OF BILLED |
| E1160 |          | WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE      | Y    | Y      | 80% OF BILLED |
| E1160 | RR       | WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE      | Y    | Y      | 80% OF BILLED |
| E1161 |          | 3ANUAL ADULT WC W TILTINSPAC                                 | Y    | Y      | 80% OF BILLED |
| E1161 | RR       | MANUAL ADULT WC W TILTINSPAC                                 | Y    | Y      | 80% OF BILLED |
| E1170 |          | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY         | Y    | Y      | 80% OF BILLED |
| E1170 | RR       | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY         | Y    | Y      | 80% OF BILLED |
| E1171 |          | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS                    | Y    | Y      | 80% OF BILLED |
| E1171 | RR       | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS                    | Y    | Y      | 80% OF BILLED |
| E1172 |          | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1172 | RR       | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1180 |          | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1180 | RR       | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1190 |          | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1190 | RR       | AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)     | Y    | Y      | 80% OF BILLED |
| E1195 |          | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY      | Y    | Y      | 80% OF BILLED |

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|-------|----------|--|------|--------|---------------|
| E1195 | RR       | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY    | Y    | Y      | 80% OF BILLED |
| E1200 |          | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC | Y    | Y      | 80% OF BILLED |
| E1200 | RR       | AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC | Y    | Y      | 80% OF BILLED |
| E1210 |          | MOTORIZED WHEELCHAIR WITH MICROSWITCH CONTROL FIXED FULL   | Y    | Y      | 80% OF BILLED |
| E1210 | RR       | MOTORIZED WHEELCHAIR W/MICRO SWING AWAY DETACH LEG RESTS   | Y    | Y      | 80% OF BILLED |
| E1211 |          | MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED        | Y    | Y      | 80% OF BILLED |
| E1211 | RR       | MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED        | Y    | Y      | 80% OF BILLED |
| E1212 |          | MOTORIZED WHEELCHAIR WITH CONTROL FIXED ARMS               | Y    | Y      | 80% OF BILLED |
| E1212 | RR       | MOTORIZED WHEELCHAIR MICROSWITCH FIXED ARMS                | Y    | Y      | 80% OF BILLED |
| E1213 |          | MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS       | Y    | Y      | 80% OF BILLED |
| E1213 | RR       | MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS       | Y    | Y      | 80% OF BILLED |
| E1220 |          | SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND | Y    | Y      | 80% OF BILLED |
| E1220 | RR       | SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND | Y    | Y      | 80% OF BILLED |
| E1221 |          | WHEELCHAIR WITH FIXED ARM FOOTRESTS                        | Y    | Y      | 80% OF BILLED |
| E1221 | RR       | WHEELCHAIR WITH FIXED ARM FOOTRESTS                        | Y    | Y      | 80% OF BILLED |
| E1222 |          | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS               | Y    | Y      | 80% OF BILLED |
| E1222 | RR       | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS               | Y    | Y      | 80% OF BILLED |
| E1223 |          | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS                  | Y    | Y      | 80% OF BILLED |
| E1223 | RR       | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS                  | Y    | Y      | 80% OF BILLED |
| E1224 |          | WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS         | Y    | Y      | 80% OF BILLED |
| E1224 | RR       | WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS         | Y    | Y      | 80% OF BILLED |
| E1225 |          | SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR             |      | Y      | 80% OF BILLED |
| E1225 | RR       | SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR             |      | Y      | 80% OF BILLED |
| E1226 |          | FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR              |      | Y      | 80% OF BILLED |
| E1227 |          | SPECIAL HEIGHT ARMS FOR WHEELCHAIR                         |      | Y      | 80% OF BILLED |
| E1228 |          | SPECIAL BACK HEIGHT FOR WHEELCHAIR                         |      | Y      | 80% OF BILLED |
| E1228 | RR       | SPECIAL BACK HEIGHT FOR WHEELCHAIR                         |      | Y      | 80% OF BILLED |
| E1230 |          | POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY  | Y    | Y      | 80% OF BILLED |
| E1230 | RR       | POWER OPERATED VEHICLE (3 WHEEL NON-HIGHWAY) INDICATE      | Y    | Y      | 80% OF BILLED |
| E1231 |          | RIGID PED W/C TILT-IN-SPACE                                | Y    | Y      | 80% OF BILLED |
| E1231 | RR       | RIGID PED W/C TILT-IN-SPACE                                | Y    | Y      | 80% OF BILLED |
| E1232 |          | FOLDING PED WC TILT-IN-SPACE                               | Y    | Y      | 80% OF BILLED |
| E1232 | RR       | FOLDING PED WC TILT-IN-SPACE                               | Y    | Y      | 80% OF BILLED |
| E1233 |          | RIG PED WC TLTNPC W/O SEAT                                 | Y    | Y      | 80% OF BILLED |
| E1233 | RR       | RIG PED WC TLTNPC W/O SEAT                                 | Y    | Y      | 80% OF BILLED |

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|--------|----------|--|------|--------|---------------|
| E1234  |          | FLD PED WC TLTNPC W/O SEAT                                   | Y    | Y      | 80% OF BILLED |
| E1234  | RR       | FLD PED WC TLTNPC W/O SEAT                                   | Y    | Y      | 80% OF BILLED |
| E1235  |          | RIGID PED WC ADJUSTABLE                                      | Y    | Y      | 80% OF BILLED |
| E1235  | RR       | RIGID PED WC ADJUSTABLE                                      | Y    | Y      | 80% OF BILLED |
| E1236  |          | FOLDING PED WC ADJUSTABLE                                    | Y    | Y      | 80% OF BILLED |
| E1236  | RR       | FOLDING PED WC ADJUSTABLE                                    | Y    | Y      | 80% OF BILLED |
| E1237  |          | RGD PED WC ADJSTABL W/O SEAT                                 | Y    | Y      | 80% OF BILLED |
| E1237  | RR       | RGD PED WC ADJSTABL W/O SEAT                                 | Y    | Y      | 80% OF BILLED |
| E1238  |          | FLD PED WC ADJSTABL W/O SEAT                                 | Y    | Y      | 80% OF BILLED |
| E1238  | RR       | FLD PED WC ADJSTABL W/O SEAT                                 | Y    | Y      | 80% OF BILLED |
| E1240  |          | LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH  | Y    | Y      | 80% OF BILLED |
| E1240  | RR       | LIGHT WEIGHT WHEELCHAIR DETACHABLE ARMS SWINGAWAY LEG REST   | Y    | Y      | 80% OF BILLED |
| E1250  |          | LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY     | Y    | Y      | 80% OF BILLED |
| E1250  | RR       | LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY     | Y    | Y      | 80% OF BILLED |
| E1260  |          | LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)  | Y    | Y      | 80% OF BILLED |
| E1260  | RR       | LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL         | Y    | Y      | 80% OF BILLED |
| E1270  |          | LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS    | Y    | Y      | 80% OF BILLED |
| E1270  | RR       | LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS    | Y    | Y      | 80% OF BILLED |
| E1280  |          | HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEGRESTS    | Y    | Y      | 80% OF BILLED |
| E1280  | RR       | HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEG         | Y    | Y      | 80% OF BILLED |
| E1285  |          | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY      | Y    | Y      | 80% OF BILLED |
| E1285  | RR       | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY      | Y    | Y      | 80% OF BILLED |
| E1290  |          | HVY DUTY WHEELCHR DETACH ARMS(DESK/FULL) SWING DETACH FOOT   | Y    | Y      | 80% OF BILLED |
| E1290  | RR       | HVY DUTY WHEELCHAIR DETACH ARMS(DESK/FULL) SWING DETCH FOOT  | Y    | Y      | 80% OF BILLED |
| E1295  |          | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING       | Y    | Y      | 80% OF BILLED |
| E1295  | RR       | HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING       | Y    | Y      | 80% OF BILLED |
| E1296  |          | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR                    | Y    | Y      | 80% OF BILLED |
| E1297  |          | SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY                  | Y    | Y      | 80% OF BILLED |
| E1298  |          | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION   | Y    | Y      | 80% OF BILLED |
| E1298  | RR       | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION   | Y    | Y      | 80% OF BILLED |
| E1300  |          | WHIRLPOOL PORTABLE (OVERTUB TYPE)                            | Y    | Y      | \$384.87      |
| E1300  | RR       | WHIRLPOOL PORTABLE (OVERTUB TYPE)                            |      | Y      | \$38.49       |
| E1310  |          | WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)                       | Y    | Y      | 80% OF BILLED |
| E1340  |          | REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI |      |        | \$10.00       |
| E1372* |          | IMMERSION EXTERNAL HEATER FOR NEBULIZER                      |      | Y      | \$271.11      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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|--------|----------|---|------|--------|---------------|
| E1372* | RR       | IMMERSION EXTERNAL HEATER FOR NEBULIZER                     |      | Y      | \$27.11       |
| E1390  | NF       | OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION    |      | Y      | \$204.02      |
| E1390* | RR       | OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION    |      | Y      | \$232.58      |
| E1399  |          | MISC SUPP & EQUIP.  |      |        | 80% OF BILLED |
| E1405* | RR       | O2 AND H2O VAPOR ENRICHING SYS W/HEATED DELIVERY            |      | Y      | \$276.08      |
| E1406* | RR       | O2 AND H2O VAPOR ENRICHING SYS W/OUT HEATED DELIVERY        |      | Y      | \$273.10      |
| E1500  |          | CENTRIFUGE, FOR DIALYSIS                                    |      |        | 80% OF BILLED |
| E1510  |          | KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC  | Y    | Y      | 80% OF BILLED |
| E1520  |          | HEPARIN INFUSION PUMP FOR DIALYSIS                          |      |        | 80% OF BILLED |
| E1530  |          | AIR BUBBLE DETECTOR FOR DIALYSIS                            |      |        | 80% OF BILLED |
| E1540  |          | PRESSURE ALARM FOR DIALYSIS                                 |      |        | 80% OF BILLED |
| E1550  |          | BATH CONDUCTIVITY METER FOR DIALYSIS                        |      |        | 80% OF BILLED |
| E1560  |          | BLOOD LEAK DETECTOR FOR DIALYSIS                            |      |        | 80% OF BILLED |
| E1570  |          | ADJUSTABLE CHAIR FOR ESRD PATIENTS                          |      |        | 80% OF BILLED |
| E1575  |          | TRANSDUCER PROTECTORS/FLUID BARRIERS ANY SIZE EACH          |      |        | 80% OF BILLED |
| E1580  |          | UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS                     |      |        | 80% OF BILLED |
| E1590  |          | HEMODIALYSIS MACHINE  |      |        | 80% OF BILLED |
| E1592  |          | AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM           |      |        | 80% OF BILLED |
| E1594  |          | CYCLER DIALYSIS MACHINE                                     |      |        | 80% OF BILLED |
| E1600  |          | DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS     |      |        | 80% OF BILLED |
| E1610  |          | REVERSE OSMOSIS WATER PURIFICATION SYSTEM                   |      |        | 80% OF BILLED |
| E1610  | RR       | REVERSE OSMOSIS WATER PURIFICATION SYSTEM                   |      |        | 80% OF BILLED |
| E1615  |          | DEIONIZER WATER PURIFICATION SYSTEM                         |      |        | 80% OF BILLED |
| E1620  |          | BLOOD PUMP FOR DIALYSIS                                     |      |        | 80% OF BILLED |
| E1625  |          | WATER SOFTENING SYSTEM                                      |      |        | 80% OF BILLED |
| E1630  |          | RECIPROCATING PERITONEAL DIALYSIS SYSTEM                    |      |        | 80% OF BILLED |
| E1632  |          | WEARABLE ARTIFICIAL KIDNEY                                  |      |        | 80% OF BILLED |
| E1635  |          | COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM               |      |        | 80% OF BILLED |
| E1636  |          | SORBENT CARTRIDGES PER CASE                                 |      |        | 80% OF BILLED |
| E1637  |          | HEMOSTATS, FOR DIALYSIS, EACH                               |      |        | 80% OF BILLED |
| E1639  |          | SCALE, EACH   |      |        | 80% OF BILLED |
| E1699  |          | DIALYSIS EQUIPMENT UNSPECIFIED BY REPORT                    |      |        | 80% OF BILLED |
| E1800  |          | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE           | Y    | Y      | \$1,138.06    |
| E1800  | RR       | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE           |      | Y      | \$113.81      |
| E1801  |          | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH | Y    | Y      | \$1,157.60    |



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|-------|----------|--|------|--------|---------------|
| E1801 | RR       | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH  |      | Y      | \$115.76      |
| E1802 |          | ADJST FOREARM PRO/SUP DEVICE                                 | Y    | Y      | \$3,268.00    |
| E1802 | RR       | ADJST FOREARM PRO/SUP DEVICE                                 |      | Y      | \$326.80      |
| E1805 |          | DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE            | Y    | Y      | \$1,138.06    |
| E1805 | RR       | DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE            |      | Y      | \$113.81      |
| E1806 |          | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH  |      | Y      | \$950.20      |
| E1806 | RR       | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH  |      | Y      | \$95.02       |
| E1810 |          | DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE             | Y    | Y      | \$1,138.06    |
| E1810 | RR       | DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE             |      | Y      | \$113.81      |
| E1811 |          | BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF | Y    | Y      | \$1,203.50    |
| E1811 | RR       | BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF |      | Y      | \$120.35      |
| E1815 |          | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE            | Y    | Y      | \$1,138.06    |
| E1815 | RR       | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE            |      | Y      | \$113.81      |
| E1816 |          | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH  | Y    | Y      | \$1,222.40    |
| E1816 | RR       | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH  |      | Y      | \$122.24      |
| E1818 |          | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM            | Y    | Y      | \$1,248.00    |
| E1818 | RR       | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM            |      | Y      | \$124.80      |
| E1820 |          | SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE   |      | Y      | \$56.39       |
| E1821 |          | REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL |      | Y      | \$104.72      |
| E1825 |          | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE           | Y    | Y      | \$1,138.06    |
| E1825 | RR       | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE           |      | Y      | \$113.81      |
| E1830 |          | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE              | Y    | Y      | \$1,138.06    |
| E1830 | RR       | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE              |      | Y      | \$113.81      |
| E1840 |          | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION   | Y    | Y      | \$3,541.40    |
| E1840 | RR       | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION   |      | Y      | \$354.14      |
| E1902 |          | COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR          | Y    |        | 80% OF BILLED |
| E1902 | RR       | COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR          | Y    |        | 80% OF BILLED |
| E2000 |          | GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,    |      |        | \$465.00      |
| E2000 | RR       | GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,    |      |        | \$46.50       |
| E2100 |          | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER      |      |        | \$626.12      |
| E2101 |          | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE   |      |        | \$187.63      |
| K0001 |          | STANDARD WHEELCHAIR  | Y    | Y      | 80% OF BILLED |
| K0001 | RR       | STANDARD WHEELCHAIR  | Y    | Y      | 80% OF BILLED |
| K0002 |          | STANDARD HEMI (LOW SEAT) WHEELCHAIR                          | Y    | Y      | 80% OF BILLED |
| K0002 | RR       | STANDARD HEMI (LOW SEAT) WHEELCHAIR                          | Y    | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| K0003 |          | LIGHTWEIGHT WHEELCHAIR                                       | Y    | Y      | 80% OF BILLED |
| K0003 | RR       | LIGHTWEIGHT WHEELCHAIR                                       | Y    | Y      | 80% OF BILLED |
| K0004 |          | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR                         | Y    | Y      | 80% OF BILLED |
| K0004 | RR       | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR                         | Y    | Y      | 80% OF BILLED |
| K0005 |          | ULTRALIGHTWEIGHT WHEELCHAIR                                  | Y    | Y      | 80% OF BILLED |
| K0005 | RR       | ULTRAWEIGHT WHEELCHAIR                                       | Y    | Y      | 80% OF BILLED |
| K0006 |          | HEAVY DUTY WHEELCHAIR  | Y    | Y      | 80% OF BILLED |
| K0006 | RR       | HEAVY DUTY WHEELCHAIR  | Y    | Y      | 80% OF BILLED |
| K0007 |          | EXTRA HEAVY DUTY WHEELCHAIR                                  | Y    | Y      | 80% OF BILLED |
| K0007 | RR       | EXTRA HEAVY DUTY WHEELCHAIR                                  | Y    | Y      | 80% OF BILLED |
| K0009 |          | OTHER MANUAL WHEELCHAIR/BASE                                 | Y    | Y      | 80% OF BILLED |
| K0009 | RR       | OTHER MANUAL WHEELCHAIR/BASE                                 | Y    | Y      | 80% OF BILLED |
| K0010 |          | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR           | Y    | Y      | 80% OF BILLED |
| K0010 | RR       | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR             | Y    | Y      | 80% OF BILLED |
| K0011 |          | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG | Y    | Y      | 80% OF BILLED |
| K0011 | RR       | STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG      | Y    | Y      | 80% OF BILLED |
| K0012 |          | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR              | Y    | Y      | 80% OF BILLED |
| K0012 | RR       | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR              | Y    | Y      | 80% OF BILLED |
| K0014 |          | OTHER MOTORIZED/POWER WHEELCHAIR BASE                        | Y    | Y      | 80% OF BILLED |
| K0014 | RR       | OTHER MOTORIZED/POWER WHEELCHAIR BASE                        | Y    | Y      | 80% OF BILLED |
| K0015 |          | DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH                |      | Y      | 80% OF BILLED |
| K0015 | RR       | DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH                |      | Y      | 80% OF BILLED |
| K0016 |          | DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA    |      | Y      | 80% OF BILLED |
| K0016 | RR       | DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA    |      | Y      | 80% OF BILLED |
| K0017 |          | DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH               |      | Y      | 80% OF BILLED |
| K0017 | RR       | DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH               |      | Y      | 80% OF BILLED |
| K0018 |          | DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH      |      | Y      | 80% OF BILLED |
| K0018 | RR       | DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH      |      | Y      | 80% OF BILLED |
| K0019 |          | ARM PAD EACH   |      | Y      | 80% OF BILLED |
| K0019 | RR       | ARM PAD EACH   |      | Y      | 80% OF BILLED |
| K0020 |          | FIXED ADJUSTABLE HEIGHT ARMREST PAIR                         |      | Y      | 80% OF BILLED |
| K0020 | RR       | FIXED ADJUSTABLE HEIGHT ARMREST PAIR                         |      | Y      | 80% OF BILLED |
| K0022 |          | REINFORCED BACK UPHOLSTERY                                   |      | Y      | 80% OF BILLED |
| K0022 | RR       | REINFORCED BACK UPHOLSTERY                                   |      | Y      | 80% OF BILLED |
| K0023 |          | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACHE    |      | Y      | 80% OF BILLED |

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|-------|----------|--|------|--------|---------------|
| K0023 | RR       | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH     |      | Y      | 80% OF BILLED |
| K0024 |          | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD    |      | Y      | 80% OF BILLED |
| K0024 | RR       | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD    |      | Y      | 80% OF BILLED |
| K0025 |          | HOO-K-ON HEADREST EXTENSION                                  |      | Y      | 80% OF BILLED |
| K0025 | RR       | HOO-K-ON HEADREST EXTENSION                                  |      | Y      | 80% OF BILLED |
| K0026 |          | BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW |      | Y      | 80% OF BILLED |
| K0026 | RR       | BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW |      | Y      | 80% OF BILLED |
| K0027 |          | BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI |      | Y      | 80% OF BILLED |
| K0027 | RR       | BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI |      | Y      | 80% OF BILLED |
| K0028 |          | FULLY RECLINING BACK   |      | Y      | 80% OF BILLED |
| K0028 | RR       | FULLY RECLINING BACK   |      | Y      | 80% OF BILLED |
| K0029 |          | REINFORCED SEAT UPHOLSTERY                                   |      | Y      | 80% OF BILLED |
| K0029 | RR       | REINFORCED SEAT UPHOLSTERY                                   |      | Y      | 80% OF BILLED |
| K0030 |          | SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM            |      | Y      | 80% OF BILLED |
| K0030 | RR       | SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM            |      | Y      | 80% OF BILLED |
| K0031 |          | SAFETY BELT/PELVIC STRAP                                     |      | Y      | 80% OF BILLED |
| K0031 | RR       | SAFETY BELT/PELVIC STRAP                                     |      | Y      | 80% OF BILLED |
| K0032 |          | SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW |      | Y      | 80% OF BILLED |
| K0032 | RR       | SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW |      | Y      | 80% OF BILLED |
| K0033 |          | SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI |      | Y      | 80% OF BILLED |
| K0033 | RR       | SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI |      | Y      | 80% OF BILLED |
| K0035 |          | HEEL LOOP WITH ANKLE STRAP EACH                              |      | Y      | 80% OF BILLED |
| K0035 | RR       | HEEL LOOP WITH ANKLE STRAP EACH                              |      | Y      | 80% OF BILLED |
| K0036 |          | TOE LOOP EACH  |      | Y      | 80% OF BILLED |
| K0036 | RR       | TOE LOOP EACH  |      | Y      | 80% OF BILLED |
| K0037 |          | HIGH MOUNT FLIP-UP FOOTREST EACH                             |      | Y      | 80% OF BILLED |
| K0037 | RR       | HIGH MOUNT FLIP-UP FOOTREST EACH                             |      | Y      | 80% OF BILLED |
| K0038 |          | LEG STRAP EACH   |      | Y      | 80% OF BILLED |
| K0038 | RR       | LEG STRAP EACH   |      | Y      | 80% OF BILLED |
| K0039 |          | LEG STRAP H STYLE EACH                                       |      | Y      | 80% OF BILLED |
| K0039 | RR       | LEG STRAP H STYLE EACH                                       |      | Y      | 80% OF BILLED |
| K0040 |          | ADJUSTABLE ANGLE FOOTPLATE EACH                              |      | Y      | 80% OF BILLED |
| K0040 | RR       | ADJUSTABLE ANGLE FOOTPLATE EACH                              |      | Y      | 80% OF BILLED |
| K0041 |          | LARGE SIZE FOOTPLATE EACH                                    |      | Y      | 80% OF BILLED |
| K0041 | RR       | LARGE SIZE FOOTPLATE EACH                                    |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|-------|----------|--|------|--------|---------------|
| K0042 |          | STANDARD SIZE FOOTPLATE EACH                                 |      | Y      | 80% OF BILLED |
| K0042 | RR       | STANDARD SIZE FOOTPLATE EACH                                 |      | Y      | 80% OF BILLED |
| K0043 |          | FOOTREST LOWER EXTENSION TUBE EACH                           |      | Y      | 80% OF BILLED |
| K0043 | RR       | FOOTREST LOWER EXTENSION TUBE EACH                           |      | Y      | 80% OF BILLED |
| K0044 |          | FOOTREST UPPER HANGER BRACKET EACH                           |      | Y      | 80% OF BILLED |
| K0044 | RR       | FOOTREST UPPER HANGER BRACKET EACH                           |      | Y      | 80% OF BILLED |
| K0045 |          | FOOTREST COMPLETE ASSEMBLY                                   |      | Y      | 80% OF BILLED |
| K0045 | RR       | FOOTREST COMPLETE ASSEMBLY                                   |      | Y      | 80% OF BILLED |
| K0046 |          | ELEVATING LEGREST LOWER EXTENSION TUBE EACH                  |      | Y      | 80% OF BILLED |
| K0046 | RR       | ELEVATING LEGREST LOWER EXTENSION TUBE EACH                  |      | Y      | 80% OF BILLED |
| K0047 |          | ELEVATING LEGREST UPPER HANGER BRACKET EACH                  |      | Y      | 80% OF BILLED |
| K0047 | RR       | ELEVATING LEGREST UPPER HANGER BRACKET EACH                  |      | Y      | 80% OF BILLED |
| K0048 |          | ELEVATING LEGREST COMPLETE ASSEMBLY                          |      | Y      | 80% OF BILLED |
| K0048 | RR       | ELEVATING LEGREST COMPLETE ASSEMBLY                          |      | Y      | 80% OF BILLED |
| K0049 |          | CALF PAD EACH  |      | Y      | 80% OF BILLED |
| K0049 | RR       | CALF PAD EACH  |      | Y      | 80% OF BILLED |
| K0050 |          | RATCHET ASSEMBLY   |      | Y      | 80% OF BILLED |
| K0050 | RR       | RATCHET ASSEMBLY   |      | Y      | 80% OF BILLED |
| K0051 |          | CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH                |      | Y      | 80% OF BILLED |
| K0051 | RR       | CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH                |      | Y      | 80% OF BILLED |
| K0052 |          | SWINGAWAY DETACHABLE FOOTRESTS EACH                          |      | Y      | 80% OF BILLED |
| K0052 | RR       | SWINGAWAY DETACHABLE FOOTRESTS EACH                          |      | Y      | 80% OF BILLED |
| K0053 |          | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH          |      | Y      | 80% OF BILLED |
| K0053 | RR       | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH          |      | Y      | 80% OF BILLED |
| K0054 |          | SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH STR      |      | Y      | 80% OF BILLED |
| K0054 | RR       | SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH ST       |      | Y      | 80% OF BILLED |
| K0055 |          | SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI    |      | Y      | 80% OF BILLED |
| K0055 | RR       | SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI    |      | Y      | 80% OF BILLED |
| K0056 |          | SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR    |      | Y      | 80% OF BILLED |
| K0056 | RR       | SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH   |      | Y      | 80% OF BILLED |
| K0057 |          | SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHA |      | Y      | 80% OF BILLED |
| K0057 | RR       | SEAT WIDTH 19" OR 20" FIR HEAVY DUTY OR EXTRA HEAVY DUTY CHA |      | Y      | 80% OF BILLED |
| K0058 |          | SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR         |      | Y      | 80% OF BILLED |
| K0058 | RR       | SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR         |      | Y      | 80% OF BILLED |
| K0059 |          | PLASTIC COATED HANDRIM EACH                                  |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|-------|----------|---|------|--------|---------------|
| K0059 | RR       | PLASTIC COATED HANDRIM EACH                               |      | Y      | 80% OF BILLED |
| K0060 |          | STEEL HANDRIM EACH  |      | Y      | 80% OF BILLED |
| K0060 | RR       | STEEL HANDRIM EACH  |      | Y      | 80% OF BILLED |
| K0061 |          | ALUMINUM HANDRIM EACH                                     |      | Y      | 80% OF BILLED |
| K0061 | RR       | ALUMINUM HANDRIM EACH                                     |      | Y      | 80% OF BILLED |
| K0062 |          | HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS EACH    |      | Y      | 80% OF BILLED |
| K0062 | RR       | HANDRIM WITH 8 - 10 VERTICAL OR OBLIQUE PROJECTIONS EACH  |      | Y      | 80% OF BILLED |
| K0063 |          | HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH   |      | Y      | 80% OF BILLED |
| K0063 | RR       | HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH   |      | Y      | 80% OF BILLED |
| K0064 |          | ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH      |      | Y      | 80% OF BILLED |
| K0064 | RR       | ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH      |      | Y      | 80% OF BILLED |
| K0065 |          | SPOKE PROTECTORS  |      | Y      | 80% OF BILLED |
| K0065 | RR       | SPOKE PROTECTORS  |      | Y      | 80% OF BILLED |
| K0066 |          | SOLID TIRE ANY SIZE EACH                                  |      | Y      | 80% OF BILLED |
| K0066 | RR       | SOLID TIRE ANY SIZE EACH                                  |      | Y      | 80% OF BILLED |
| K0067 |          | PNEUMATIC TIRE ANY SIZE EACH                              |      | Y      | 80% OF BILLED |
| K0067 | RR       | PNEUMATIC TIRE ANY SIZE EACH                              |      | Y      | 80% OF BILLED |
| K0068 |          | PNEUMATIC TIRE TUBE EACH                                  |      | Y      | 80% OF BILLED |
| K0068 | RR       | PNEUMATIC TIRE TUBE EACH                                  |      | Y      | 80% OF BILLED |
| K0069 |          | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO |      | Y      | 80% OF BILLED |
| K0069 | RR       | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO |      | Y      | 80% OF BILLED |
| K0070 |          | REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O |      | Y      | 80% OF BILLED |
| K0070 | RR       | REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES   |      | Y      | 80% OF BILLED |
| K0071 |          | FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH   |      | Y      | 80% OF BILLED |
| K0071 | RR       | FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH   |      | Y      | 80% OF BILLED |
| K0072 |          | FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E |      | Y      | 80% OF BILLED |
| K0072 | RR       | FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE   |      | Y      | 80% OF BILLED |
| K0073 |          | CASTER PIN LOCK EACH                                      |      | Y      | 80% OF BILLED |
| K0073 | RR       | CASTER PIN LOCK EACH                                      |      | Y      | 80% OF BILLED |
| K0074 |          | PNEUMATIC CASTER TIRE ANY SIZE EACH                       |      | Y      | 80% OF BILLED |
| K0074 | RR       | PNEUMATIC CASTER TIRE ANY SIZE EACH                       |      | Y      | 80% OF BILLED |
| K0075 |          | SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH                  |      | Y      | 80% OF BILLED |
| K0075 | RR       | SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH                  |      | Y      | 80% OF BILLED |
| K0076 |          | SOLID CASTER TIRE ANY SIZE EACH                           |      | Y      | 80% OF BILLED |
| K0076 | RR       | SOLID CASTER TIRE ANY SIZE EACH                           |      | Y      | 80% OF BILLED |

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|-------|----------|---|------|--------|---------------|
| K0077 |          | FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH           |      | Y      | 80% OF BILLED |
| K0077 | RR       | FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH           |      | Y      | 80% OF BILLED |
| K0078 |          | PNEUMATIC CASTER TIRE TUBE EACH                               |      | Y      | 80% OF BILLED |
| K0078 | RR       | PNEUMATIC CASTER TIRE TUBE EACH                               |      | Y      | 80% OF BILLED |
| K0079 |          | WHEEL LOCK EXTENSION PAIR                                     |      | Y      | 80% OF BILLED |
| K0079 | RR       | WHEEL LOCK EXTENSION PAIR                                     |      | Y      | 80% OF BILLED |
| K0080 |          | ANTI-ROLLBACK DEVICE PAIR                                     |      | Y      | 80% OF BILLED |
| K0080 | RR       | ANTI-ROLLBACK DEVICE PAIR                                     |      | Y      | 80% OF BILLED |
| K0081 |          | WHEEL LOCK ASSEMBLY COMPLETE EACH                             |      | Y      | 80% OF BILLED |
| K0081 | RR       | WHEEL LOCK ASSEMBLY COMPLETE EACH                             |      | Y      | 80% OF BILLED |
| K0082 |          | 22 NF DEEP CYCLE LEAD ACID BATTERY EACH                       |      | Y      | 80% OF BILLED |
| K0082 | RR       | 22 NF DEEP CYCLE LEAD ACID BATTERY EACH                       |      | Y      | 80% OF BILLED |
| K0083 |          | 22 NF GEL CELL BATTERY EACH                                   |      | Y      | 80% OF BILLED |
| K0083 | RR       | 22 NF GEL CELL BATTERY EACH                                   |      | Y      | 80% OF BILLED |
| K0084 |          | GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH                    |      | Y      | 80% OF BILLED |
| K0084 | RR       | GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH                    |      | Y      | 80% OF BILLED |
| K0085 |          | GROUP 24 GEL CELL BATTERY EACH                                |      | Y      | 80% OF BILLED |
| K0085 | RR       | GROUP 24 GEL CELL BATTERY EACH                                |      | Y      | 80% OF BILLED |
| K0086 |          | U-1 LEAD ACID BATTERY EACH                                    |      | Y      | 80% OF BILLED |
| K0086 | RR       | U-1 GEL CELL BATTERY EACH                                     |      | Y      | 80% OF BILLED |
| K0087 |          | U-1 GEL CELL BATTERY EACH                                     |      | Y      | 80% OF BILLED |
| K0087 | RR       | U-1 GEL CELL BATTERY EACH                                     |      | Y      | 80% OF BILLED |
| K0088 |          | BATTERY CHARGER LEAD ACID OR GEL CELL                         |      | Y      | 80% OF BILLED |
| K0088 | RR       | BATTERY CHARGER LEAD ACID OR GEL CELL                         |      | Y      | 80% OF BILLED |
| K0089 |          | BATTERY CHARGER DUAL MODE                                     |      | Y      | 80% OF BILLED |
| K0089 | RR       | BATTERY CHARGER DUAL MODE                                     |      | Y      | 80% OF BILLED |
| K0090 |          | REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH            |      | Y      | 80% OF BILLED |
| K0090 | RR       | REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH             |      | Y      | 80% OF BILLED |
| K0091 |          | REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL |      | Y      | 80% OF BILLED |
| K0091 | RR       | REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL |      | Y      | 80% OF BILLED |
| K0092 |          | REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH        |      | Y      | 80% OF BILLED |
| K0092 | RR       | REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH        |      | Y      | 80% OF BILLED |
| K0093 |          | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P   |      | Y      | 80% OF BILLED |
| K0093 | RR       | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR     |      | Y      | 80% OF BILLED |
| K0094 |          | WHEEL TIRE FOR POWER BASE ANY SIZE EACH                       |      | Y      | 80% OF BILLED |

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|--------|----------|--|------|--------|---------------|
| K0094  | RR       | WHEEL TIRE FOR POWER BASE ANY SIZE EACH                      |      | Y      | 80% OF BILLED |
| K0095  |          | WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY   |      | Y      | 80% OF BILLED |
| K0095  | RR       | WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY   |      | Y      | 80% OF BILLED |
| K0096  |          | WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH                  |      | Y      | 80% OF BILLED |
| K0096  | RR       | WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH                  |      | Y      | 80% OF BILLED |
| K0097  |          | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B |      | Y      | 80% OF BILLED |
| K0097  | RR       | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER   |      | Y      | 80% OF BILLED |
| K0098  |          | DRIVE BELT FOR POWER WHEELCHAIR                              |      | Y      | 80% OF BILLED |
| K0098  | RR       | DRIVE BELT FOR POWER WHEELCHAIR                              |      | Y      | 80% OF BILLED |
| K0099  |          | FRONT CASTER FOR POWER WHEELCHAIR                            |      | Y      | 80% OF BILLED |
| K0099  | RR       | FRONT CASTER FOR POWER WHEELCHAIR                            |      | Y      | 80% OF BILLED |
| K0100  |          | AMPUTEE ADAPTER PARI   |      | Y      | 80% OF BILLED |
| K0100  | RR       | AMPUTEE ADAPTER PARI   |      | Y      | 80% OF BILLED |
| K0102  |          | CRUTCH AND CANE HOLDER                                       |      | Y      | 80% OF BILLED |
| K0102  | RR       | CRUTCH AND CANE HOLDER                                       |      | Y      | 80% OF BILLED |
| K0103  |          | TRANSFER BOARD <25"  |      | Y      | 80% OF BILLED |
| K0103  | RR       | TRANSFER BOARD < 25"   |      | Y      | 80% OF BILLED |
| K0104  |          | CYLINDER TANK CARRIER  |      | Y      | 80% OF BILLED |
| K0104  | RR       | CYLINDER TANK CARRIER  |      | Y      | 80% OF BILLED |
| K0105  |          | IV HANGER  |      | Y      | 80% OF BILLED |
| K0105  | RR       | IV HANGER  |      | Y      | 80% OF BILLED |
| K0106  |          | ARM TROUGH EACH  |      | Y      | 80% OF BILLED |
| K0106  | RR       | ARM TROUGH EACH  |      | Y      | 80% OF BILLED |
| K0107  |          | WHEELCHAIR TRAY  |      | Y      | 80% OF BILLED |
| K0107  | RR       | WHEELCHAIR TRAY  |      | Y      | 80% OF BILLED |
| K0108  |          | OTHER ACCESSORIES  |      | Y      | 80% OF BILLED |
| K0108  | RR       | OTHER ACCESSORIES  |      | Y      | 80% OF BILLED |
| K0112  |          | TRUNK SUPPORT DEVICE VEST TYPE WITH INNER FRAME PREFABRIC    |      | Y      | 80% OF BILLED |
| K0113  |          | TRUNK SUPPORT DEVICE VEST TYPE WITHOUT INNER FRAME PREFAB    |      | Y      | 80% OF BILLED |
| K0114  |          | BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR WITH INNER FR  |      | Y      | 80% OF BILLED |
| K0115  |          | SEATING SYSTEM BACK MODULE POSTERIOR-LATERAL CONTROL         |      | Y      | 80% OF BILLED |
| K0116  |          | SEATING SYSTEM COMBINED BACK AND SEAT MODULE CUSTOM FABRIC   |      | Y      | 80% OF BILLED |
| K0195  |          | ELEVATING LEG RESTS PAIR (WHEELCHAIR)                        |      | Y      | 80% OF BILLED |
| K0195  | RR       | ELEVATING LEG RESTS PAIR (WHEELCHAIR)                        |      | Y      | 80% OF BILLED |
| K0268* |          | HUMIDIFIER NON-HEATED USED W/POSITIVE AIRWAY PRESSURE DEVICE |      | Y      | \$102.06      |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc   | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|--------|----------|--|------|--------|---------------|
| K0452  |          | WHEELCHAIR BEARINGS ANY TYPE                                       |      | Y      | 80% OF BILLED |
| K0456  | RR       | HOSPITAL BED HEAVY DUTY/EXTRA WIDE/ANY TYPE RAILS /MATTRESS        |      | Y      | \$267.24      |
| K0460  |          | POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK       |      | Y      | 80% OF BILLED |
| K0460  | RR       | POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK       |      | Y      | 80% OF BILLED |
| K0461  |          | POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER       |      | Y      | 80% OF BILLED |
| K0461  | RR       | POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER       |      | Y      | 80% OF BILLED |
| K0531* |          | HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE          |      | Y      | \$344.64      |
| K0531* | RR       | HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE          |      | Y      | \$28.72       |
| K0532  |          | RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE      | Y    |        | \$2,516.76    |
| K0532  | RR       | RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE      |      |        | \$209.73      |
| K0533* | RR       | RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE NONINVASIVE        |      | Y      | \$520.64      |
| K0534* | RR       | RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE INVASIVE           |      | Y      | \$520.64      |
| K0538  |          | NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.          | Y    |        | \$16,421.10   |
| K0538  | RR       | NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.          | Y    |        | \$1,642.11    |
| K0539  |          | DRESSING SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.           |      |        | \$26.23       |
| K0540  |          | CANISTER SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.           |      |        | \$23.46       |
| K0541  |          | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN. | Y    | Y      | \$374.13      |
| K0541  | RR       | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN. | Y    | Y      | \$37.41       |
| K0542  |          | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.   | Y    | Y      | \$1,446.05    |
| K0542  | RR       | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.   | Y    | Y      | \$144.60      |
| K0543  |          | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.     | Y    | Y      | \$3,421.71    |
| K0543  | RR       | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.     | Y    | Y      | \$342.17      |
| K0544  |          | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.    | Y    | Y      | \$6,475.12    |
| K0544  | RR       | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.    | Y    | Y      | \$647.51      |
| K0545  |          | SPEECH GENERATING SOFTWARE PROGRAM                                 | Y    | Y      | 80% OF BILLED |
| K0546  |          | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM, EACH.     | Y    | Y      | 80% OF BILLED |
| K0547  |          | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASS.       | Y    | Y      | 80% OF BILLED |
| K0549  |          | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY         | Y    | Y      | \$2,805.70    |
| K0549  | RR       | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY         |      | Y      | \$280.57      |
| K0550  |          | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY   | Y    | Y      | \$7,872.80    |
| K0550  | RR       | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY   |      | Y      | \$787.28      |
| K0556  |          | SOCKET INSERT W LOCK MECH  |      |        | \$607.63      |
| K0557  |          | SOCKET INSERT W/O LOCK MECH  |      |        | \$506.34      |
| K0558  |          | INTL CUSTM CONG/ATYP INSERT  | Y    | Y      | \$1,074.81    |
| K0559  |          | INITIAL CUSTOM SOCKET INSERT                                       | Y    | Y      | \$1,074.81    |



# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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|--------|----------|--|------|--------|---------------|
| K0581* |          | OST PCH CLSD W BARRIER/FILTR                               |      |        | \$2.75        |
| K0582* |          | OST PCH W BAR/BLTINCONV/FLTR                               |      |        | \$3.72        |
| K0583* |          | OST PCH CLSD W/O BAR W FILTR                               |      |        | \$1.81        |
| K0584* |          | OST PCH FOR BAR W FLANGE/FLT                               |      |        | \$1.74        |
| K0585* |          | OST PCH CLSD FOR BAR W LK FL                               |      |        | \$0.00        |
| K0586* |          | OST PCH FOR BAR W LK FL/FLTR                               |      |        | \$0.00        |
| K0587* |          | OST PCH DRAIN W BAR & FILTER                               |      |        | \$4.75        |
| K0588* |          | OST PCH DRAIN FOR BARRIER FL                               |      |        | \$3.58        |
| K0589* |          | OST PCH DRAIN 2 PIECE SYSTEM                               |      |        | \$2.36        |
| K0590* |          | OST PCH DRAIN/BARR LK FLNG/F                               |      |        | \$0.00        |
| K0591* |          | URINE OST POUCH W FAUCET/TAP                               |      |        | \$6.51        |
| K0592* |          | URINE OST POUCH W BLTINCONV                                |      |        | \$7.52        |
| K0593* |          | OST URINE PCH W B/BLTIN CONV                               |      |        | \$8.52        |
| K0594* |          | OST PCH URINE W BARRIER/TAPV                               |      |        | \$5.08        |
| K0595* |          | OS PCH URINE W BAR/FANGE/TAP                               |      |        | \$3.59        |
| K0596* |          | URINE OST PCH BAR W LOCK FLN                               |      |        | \$3.34        |
| K0597* |          | OST PCH URINE W LOCK FLNG/FT                               |      |        | \$3.76        |
| L0100  |          | CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL     |      | Y      | 80% OF BILLED |
| L0110  |          | CERVICAL CRANIOSTENOSIS HELMET NON-MOLDED                  |      | Y      | 80% OF BILLED |
| L0120  |          | CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)             |      | Y      | \$25.42       |
| L0130  |          | CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT   |      | Y      | 80% OF BILLED |
| L0140  |          | CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)            |      | Y      | 80% OF BILLED |
| L0150  |          | CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO |      | Y      | 80% OF BILLED |
| L0160  |          | CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR |      | Y      | 80% OF BILLED |
| L0170  |          | CERVICAL COLLAR MOLDED TO PATIENT MODEL                    |      | Y      | 80% OF BILLED |
| L0172  |          | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE    |      | Y      | 80% OF BILLED |
| L0174  |          | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE    |      | Y      | 80% OF BILLED |
| L0180  |          | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT |      | Y      | 80% OF BILLED |
| L0190  |          | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT |      | Y      | 80% OF BILLED |
| L0200  |          | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT |      | Y      | 80% OF BILLED |
| L0210  |          | THORACIC RIB BELT CUSTOM FITTED                            |      | Y      | 80% OF BILLED |
| L0220  |          | THORACIC RIB BELT CUSTOM FABRICATED                        |      | Y      | 80% OF BILLED |
| L0450  |          | TLSO FLEX PREFAB THORACIC                                  |      | Y      | \$130.83      |
| L0452  |          | TLSO FLEX CUSTOM FAB THORACI                               |      | Y      | \$248.14      |
| L0454  |          | TLSO FLEX PREFAB SACROCOC-T9                               |      | Y      | \$366.83      |

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|-------|----------|--|------|--------|---------------|
| L0456 |          | TLSO FLEX PREFAB   |      | Y      | \$366.83      |
| L0458 |          | TLSO 2MOD SYMPHIS-XIPHO PRE  |      | Y      | \$606.25      |
| L0460 |          | TLSO2MOD SYMPHYSIS-STERN PRE                                       |      | Y      | \$606.25      |
| L0462 |          | TLSO 3MOD SACRO-SCAP PRE   |      | Y      | \$606.25      |
| L0464 |          | TLSO 4MOD SACRO-SCAP PRE   |      | Y      | \$606.25      |
| L0466 |          | TLSO RIGID FRAME PRE SOFT AP                                       |      | Y      | \$293.85      |
| L0468 |          | TLSO RIGID FRAME PREFAB PELV                                       |      | Y      | \$345.05      |
| L0470 |          | TLSO RIGID FRAME PRE SUBCLAV                                       |      | Y      | \$479.92      |
| L0472 |          | TLSO RIGID FRAME HYPEREX PRE                                       |      | Y      | \$304.37      |
| L0476 |          | TLSO FLEXION COMPRES JAC PRE                                       |      | Y      | \$720.54      |
| L0478 |          | TLSO FLEXION COMPRES JAC CUS                                       | Y    | Y      | \$1,253.86    |
| L0480 |          | TLSO RIGID PLASTIC CUSTOM FA                                       | Y    | Y      | \$1,331.96    |
| L0482 |          | TLSO RIGID LINED CUSTOM FAB  | Y    | Y      | \$1,489.36    |
| L0484 |          | TLSO RIGID PLASTIC CUST FAB  | Y    | Y      | \$1,607.44    |
| L0486 |          | TLSO RIGIDLINED CUST FAB TWO                                       | Y    | Y      | \$1,628.69    |
| L0488 |          | TLSO RIGID LINED PRE ONE PIE                                       | Y    | Y      | \$1,140.86    |
| L0490 |          | TLSO RIGID PLASTIC PRE ONE   |      | Y      | \$843.32      |
| L0500 |          | LUMBAR-SACRAL-ORTHOSIS (LSO) FLEXIBLE (LUMBO-SACRAL SURGIC         |      | Y      | \$88.57       |
| L0510 |          | LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT) CUSTOM                |      | Y      | 80% OF BILLED |
| L0515 |          | LSO FLEXIBLE LUMBO-SACRAL SURGICAL SUPPORT ELASTIC TYPE W          |      | Y      | 80% OF BILLED |
| L0520 |          | LSO ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT WILCOX              |      | Y      | 80% OF BILLED |
| L0530 |          | LSO ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE) WITH              |      | Y      | 80% OF BILLED |
| L0540 |          | LSO LUMBAR FLEXION (WILLIAMS FLEXION TYPE)                         |      | Y      | 80% OF BILLED |
| L0550 |          | LSO ANTERIOR-POSTERIOR-LATERAL CONTROL                             |      | Y      | 80% OF BILLED |
| L0560 |          | LSO ANTERIOR-POSTERIOR LATERAL CONTROL                             |      | Y      | 80% OF BILLED |
| L0561 |          | TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID |      | Y      | \$277.90      |
| L0565 |          | LSO ANTERIOR-POSTERIOR-LATERAL CONTROL CUSTOM FITTED               |      | Y      | 80% OF BILLED |
| L0600 |          | SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM F         |      | Y      | 80% OF BILLED |
| L0610 |          | SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM           |      | Y      | 80% OF BILLED |
| L0620 |          | SACROILIAC SEMI-RIGID (GOLDTHWAITE OSGOOD TYPES) WITH              |      | Y      | 80% OF BILLED |
| L0700 |          | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSSES (CTLSO)                  |      | Y      | 80% OF BILLED |
| L0710 |          | CTLSO ANTERIOR-POSTERIOR-LATERAL-CONTROL MOLDED TO                 |      | Y      | 80% OF BILLED |
| L0810 |          | HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET              |      | Y      | 80% OF BILLED |
| L0820 |          | HALO PROCEDURE CERVICAL HALO INCORPORATED INTO PLASTER BOD         |      | Y      | 80% OF BILLED |
| L0830 |          | HALO PROCEDURE CERVICAL HALO INCORPORATED INTO MILWAUKEE T         |      | Y      | 80% OF BILLED |

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|-------|----------|---|------|--------|---------------|
| L0860 |          | ADDITION TO HALO PROCEDURES MAGNETIC REASONANCE IMAGE COMPA   |      | Y      | 80% OF BILLED |
| L0960 |          | TORSO SUPPORT POST SURGICAL SUPPORT PADS FOR POST             |      | Y      | 80% OF BILLED |
| L0970 |          | TLSO CORSET FRONT   |      | Y      | 80% OF BILLED |
| L0972 |          | LSO CORSET FRONT  |      | Y      | 80% OF BILLED |
| L0974 |          | TLSO FULL CORSET  |      | Y      | 80% OF BILLED |
| L0976 |          | LSO FULL CORSET   |      | Y      | 80% OF BILLED |
| L0978 |          | AXILLARY CRUTCH EXTENSION                                     |      | Y      | 80% OF BILLED |
| L0980 |          | PERONEAL STRAPS PAIR  |      | Y      | 80% OF BILLED |
| L0982 |          | STOCKING SUPPORTER GRIPS SET OF FOUR (4)                      |      | Y      | 80% OF BILLED |
| L0984 |          | PROTECTIVE BODY SOCK EACH                                     |      | Y      | \$43.43       |
| L0999 |          | ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED           |      | Y      | 80% OF BILLED |
| L1000 |          | CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLISO) (MILWAUKEE) |      | Y      | 80% OF BILLED |
| L1005 |          | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES | Y    | Y      | \$2,576.62    |
| L1010 |          | ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLISO) |      | Y      | 80% OF BILLED |
| L1020 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD         |      | Y      | 80% OF BILLED |
| L1025 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD FLOAT   |      | Y      | 80% OF BILLED |
| L1030 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS LUMBAR               |      | Y      | 80% OF BILLED |
| L1040 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS LUMBAR               |      | Y      | 80% OF BILLED |
| L1050 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS STERNAL PAD          |      | Y      | 80% OF BILLED |
| L1060 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS THORACIC PAD         |      | Y      | 80% OF BILLED |
| L1070 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS TRAPEZIUS            |      | Y      | 80% OF BILLED |
| L1080 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS OUTRIGGER            |      | Y      | 80% OF BILLED |
| L1085 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS OUTRIGGER BILATERA   |      | Y      | 80% OF BILLED |
| L1090 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS LUMBAR SLING         |      | Y      | 80% OF BILLED |
| L1100 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS RING FLANGE          |      | Y      | 80% OF BILLED |
| L1110 |          | ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS RING FLANGE          |      | Y      | 80% OF BILLED |
| L1120 |          | ADDITION TO CTLISO SCOLIOSIS ORTHOSIS COVER                   |      | Y      | 80% OF BILLED |
| L1200 |          | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLISO) INCLUSIVE OF FURNISH  |      | Y      | 80% OF BILLED |
| L1210 |          | ADDITION TO TLISO (LOW PROFILE) LATERAL THORACIC EXTENSION    |      | Y      | 80% OF BILLED |
| L1220 |          | ADDITION TO TLISO (LOW PROFILE) ANTERIOR THORACIC EXTENSION   |      | Y      | 80% OF BILLED |
| L1230 |          | ADDITION TO TLISO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUCTU   |      | Y      | 80% OF BILLED |
| L1240 |          | ADDITION TO TLISO (LOW PROFILE) LUMBAR DEROTATION PAD         |      | Y      | 80% OF BILLED |
| L1250 |          | ADDITION TO TLISO (LOW PROFILE) ANTERIOR ASIS PAD             |      | Y      | 80% OF BILLED |
| L1260 |          | ADDITION TO TLISO (LOW PROFILE) ANTERIOR THORACIC DEROTATIO   |      | Y      | 80% OF BILLED |
| L1270 |          | ADDITION TO TLISO (LOW PROFILE) ABDOMINAL PAD                 |      | Y      | 80% OF BILLED |

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|-------|----------|--|------|--------|---------------|
| L1280 |          | ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH   |      | Y      | 80% OF BILLED |
| L1290 |          | ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD    |      | Y      | 80% OF BILLED |
| L1300 |          | OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT    |      | Y      | 80% OF BILLED |
| L1310 |          | OTHER SCOLIOSIS PROCEDURE POST-OPERATIVE BODY JACKET       |      | Y      | 80% OF BILLED |
| L1499 |          | SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED                    |      | Y      | 80% OF BILLED |
| L1500 |          | THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO) MOBILITY FRAME    |      | Y      | 80% OF BILLED |
| L1510 |          | THKAO STANDING FRAME                                       |      | Y      | 80% OF BILLED |
| L1520 |          | THKAO SWIVEL WALKER  |      | Y      | 80% OF BILLED |
| L1600 |          | HIP ORTHOSIS (HO) ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE |      | Y      | 80% OF BILLED |
| L1610 |          | HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA COVER   |      | Y      | 80% OF BILLED |
| L1620 |          | HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE PAVLIK HARNES  |      | Y      | 80% OF BILLED |
| L1630 |          | HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE           |      | Y      | 80% OF BILLED |
| L1640 |          | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC           |      | Y      | 80% OF BILLED |
| L1650 |          | HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE       |      | Y      | 80% OF BILLED |
| L1652 |          | HO BI THIGHCUFFS W SPRDR BAR                               |      | Y      | \$290.13      |
| L1660 |          | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC CUSTOM   |      | Y      | 80% OF BILLED |
| L1670 |          | HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC ATTACHED TO     |      | Y      | 80% OF BILLED |
| L1680 |          | HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC          |      | Y      | 80% OF BILLED |
| L1685 |          | HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC |      | Y      | 80% OF BILLED |
| L1686 |          | HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC |      | Y      | 80% OF BILLED |
| L1690 |          | COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL |      | Y      | 80% OF BILLED |
| L1700 |          | LEGG PERTHES ORTHOSIS TORONTO TYPE                         |      | Y      | 80% OF BILLED |
| L1710 |          | LEGG PERTHES ORTHOSIS NEWINGTON TYPE                       |      | Y      | 80% OF BILLED |
| L1720 |          | LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE)          |      | Y      | 80% OF BILLED |
| L1730 |          | LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE                   |      | Y      | 80% OF BILLED |
| L1750 |          | LEGG PERTHES ORTHOSIS LEGG PERTHES SLING (SAM              |      | Y      | 80% OF BILLED |
| L1755 |          | LEGG PERTHES ORTHOSIS PATTEN BOTTOM TYPE                   |      | Y      | 80% OF BILLED |
| L1800 |          | KNEE ORTHOSIS (KO) ELASTIC WITH STAYS                      |      | Y      | 80% OF BILLED |
| L1810 |          | KO ELASTIC WITH JOINTS                                     |      | Y      | 80% OF BILLED |
| L1815 |          | KO ELASTIC WITH CONDYLAR PADS                              |      | Y      | 80% OF BILLED |
| L1820 |          | KO ELASTIC WITH CONDYLAR PADS AND JOINTS                   |      | Y      | 80% OF BILLED |
| L1825 |          | KO ELASTIC KNEE CAP  |      | Y      | 80% OF BILLED |
| L1830 |          | KO IMMOBILIZER CANVAS LONGITUDINAL                         |      | Y      | 80% OF BILLED |
| L1832 |          | KO ADJUSTABLE KNEE JOINTS POSITIONAL ORTHOSIS RIGID SUPPO  |      | Y      | 80% OF BILLED |
| L1834 |          | KO WITHOUT KNEE JOINT RIGID MOLDED TO PATIENT MODEL        |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| L1836 |          | RIGID KO WO JOINTS   |      | Y      | \$108.61      |
| L1840 |          | KO DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT    |      | Y      | 80% OF BILLED |
| L1843 |          | KO SINGLE UPRIGHT CUSTOM FIT                               |      | Y      | 80% OF BILLED |
| L1844 |          | SINGLE UPRIGHT THIGH & CALF CUSTOM FITTED                  |      | Y      | 80% OF BILLED |
| L1845 |          | KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION   |      | Y      | \$506.99      |
| L1846 |          | KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION   |      | Y      | 80% OF BILLED |
| L1847 |          | KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER |      | Y      | \$446.51      |
| L1850 |          | KO SWEDISH TYPE  |      | Y      | 80% OF BILLED |
| L1855 |          | KO MOLDED PLASTIC THIGH AND CALF SECTIONS WITH DOUBLE UPR  |      | Y      | 80% OF BILLED |
| L1858 |          | KO MOLDED PLASTIC POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE   |      | Y      | 80% OF BILLED |
| L1860 |          | KO MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET         |      | Y      | 80% OF BILLED |
| L1870 |          | KO DOUBLE UPRIGHT THIGH AND CALF LACERS MOLDED TO PATIENT  |      | Y      | 80% OF BILLED |
| L1880 |          | KO DOUBLE UPRIGHT NON-MOLDED THIGH AND CALF CUFFS/LACERS   |      | Y      | 80% OF BILLED |
| L1885 |          | KO SINGLE OR DOUBLE UPRIGHT THIGH & CALF W/FUNCTIONAL ACTI |      | Y      | \$748.60      |
| L1900 |          | ANKLE-FOOT ORTHOSIS (AFO) SPRING WIRE DORSIFLEXION ASSIST  |      | Y      | 80% OF BILLED |
| L1901 |          | PREFAB ANKLE ORTHOSIS                                      |      | Y      | \$14.38       |
| L1902 |          | AFO ANKLE GAUNTLET CUSTOM FITTED                           |      | Y      | 80% OF BILLED |
| L1904 |          | AFO MOLDED ANKLE GAUNTLET MOLDED TO PATIENT MODEL          |      | Y      | 80% OF BILLED |
| L1906 |          | AFO MULTILIGAMENTUS ANKLE SUPPORT                          |      | Y      | 80% OF BILLED |
| L1910 |          | AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER  |      | Y      | 80% OF BILLED |
| L1920 |          | AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP          |      | Y      | 80% OF BILLED |
| L1930 |          | AFO CUSTOM FITTED PLASTIC                                  |      | Y      | 80% OF BILLED |
| L1940 |          | AFO MOLDED TO PATIENT MODEL PLASTIC                        |      | Y      | 80% OF BILLED |
| L1945 |          | AFO MOLDED TO PATIENT MODEL PLASTIC RIGID ANTERIOR TIBIAL  |      | Y      | 80% OF BILLED |
| L1950 |          | AFO SPIRAL MOLDED TO PATIENT MODEL (IRM TYPE) PLASTIC      |      | Y      | 80% OF BILLED |
| L1960 |          | AFO POSTERIOR SOLID ANKLE MOLDED TO PATIENT MODEL PLASTIC  |      | Y      | \$326.15      |
| L1970 |          | AFO PLASTIC MOLDED TO PATIENT MODEL WITH ANKLE JOINT       |      | Y      | \$515.72      |
| L1980 |          | AFO SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP |      | Y      | 80% OF BILLED |
| L1990 |          | AFO DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP |      | Y      | 80% OF BILLED |
| L2000 |          | KNEE-ANKLE-FOOT-ORTHOSES (KAFO) SINGLE UPRIGHT FREE        |      | Y      | 80% OF BILLED |
| L2010 |          | KAFO SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP               |      | Y      | 80% OF BILLED |
| L2020 |          | KAFO DOUBLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP     |      | Y      | 80% OF BILLED |
| L2030 |          | KAFO DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP               |      | Y      | 80% OF BILLED |
| L2035 |          | KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)    |      | Y      | 80% OF BILLED |
| L2036 |          | KAFO FULL PLASTIC DOUBLE UPRIGHT FREE KNEE MOLDED TO PAT   |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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|-------|----------|---|------|--------|---------------|
| L2037 |          | KAFO FULL PLASTIC SINGLE UPRIGHT FREE KNEE MOLDED TO PAT    |      | Y      | 80% OF BILLED |
| L2038 |          | KAFO FULL PLASTIC WITHOUT KNEE JOINT MULTI-AXIS ANKLE MO    |      | Y      | 80% OF BILLED |
| L2039 |          | KAFO FULL PLASTIC SNGL POLY-AXIAL MED LAT ROTATION CUST     |      | Y      | 80% OF BILLED |
| L2040 |          | HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL BILATE |      | Y      | 80% OF BILLED |
| L2050 |          | HKAFO TORSION CONTROL BILATERAL TORSION CABLES HIP          |      | Y      | 80% OF BILLED |
| L2060 |          | HKAFO TORSION CONTROL BILATERAL TORSION CABLES BALL         |      | Y      | 80% OF BILLED |
| L2070 |          | HKAFO TORSION CONTROL UNILATERAL ROTATION STRAPS            |      | Y      | 80% OF BILLED |
| L2080 |          | HKAFO TORSION CONTROL UNILATERAL TORSION CABLE HIP          |      | Y      | 80% OF BILLED |
| L2090 |          | HKAFO TORSION CONTROL UNILATERAL TORSION CABLE BALL         |      | Y      | 80% OF BILLED |
| L2102 |          | ANKLE-FOOT-ORTHOSIS (AFO) FRACTURE ORTHOSIS TIBIAL FRACTUR  |      | Y      | 80% OF BILLED |
| L2104 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS SYNTH   |      | Y      | 80% OF BILLED |
| L2106 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERM   |      | Y      | 80% OF BILLED |
| L2108 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS MOLDE   |      | Y      | 80% OF BILLED |
| L2112 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT CUSTO   |      | Y      | 80% OF BILLED |
| L2114 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI-RIGID   |      | Y      | 80% OF BILLED |
| L2116 |          | AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID CUST   |      | Y      | 80% OF BILLED |
| L2122 |          | KNEE-ANKLE-FOOT-ORTHOSIS (KAFO) FRACTURE ORTHOSIS FEMORAL   |      | Y      | 80% OF BILLED |
| L2124 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SYN   |      | Y      | 80% OF BILLED |
| L2126 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS THE   |      | Y      | 80% OF BILLED |
| L2128 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS MOL   |      | Y      | 80% OF BILLED |
| L2132 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SOF   |      | Y      | 80% OF BILLED |
| L2134 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SEM   |      | Y      | 80% OF BILLED |
| L2136 |          | KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIG   |      | Y      | 80% OF BILLED |
| L2180 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS PLASTIC SHOE  |      | Y      | 80% OF BILLED |
| L2182 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS DROP LOCK KNE |      | Y      | 80% OF BILLED |
| L2184 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS LIMITED MOTIO |      | Y      | 80% OF BILLED |
| L2186 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS ADJUSTABLE MO |      | Y      | 80% OF BILLED |
| L2188 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS QUADRILATERAL |      | Y      | 80% OF BILLED |
| L2190 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS WAIST BELT    |      | Y      | 80% OF BILLED |
| L2192 |          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS HIP JOINT PE  |      | Y      | 80% OF BILLED |
| L2200 |          | ADDITION TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOIN  |      | Y      | 80% OF BILLED |
| L2210 |          | ADDITION TO LOWER EXTREMITY DORSIFLEXION ASSIST (PLANTAR    |      | Y      | 80% OF BILLED |
| L2220 |          | ADDITION TO LOWER EXTREMITY DORSIFLEXION AND PLANTAR FLEXIO |      | Y      | 80% OF BILLED |
| L2230 |          | ADDITION TO LOWER EXTREMITY SPLIT FLAT CALIPER STIRRUPS     |      | Y      | 80% OF BILLED |
| L2240 |          | ADDITION TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHM |      | Y      | 80% OF BILLED |

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|-------|----------|---|------|--------|---------------|
| L2250 |          | ADDITION TO LOWER EXTREMITY FOOT PLATE MOLDED TO PATIENT    |      | Y      | 80% OF BILLED |
| L2260 |          | ADDITION TO LOWER EXTREMITY REINFORCED SOLID STIRRUP        |      | Y      | 80% OF BILLED |
| L2265 |          | ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP             |      | Y      | 80% OF BILLED |
| L2270 |          | ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION ("T")   |      | Y      | \$37.00       |
| L2275 |          | ADD TO LOWER EXT VARUS/VALGUS CORRECTION PLASTIC MOD PAD    |      | Y      | \$114.25      |
| L2280 |          | ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT               |      | Y      | 80% OF BILLED |
| L2300 |          | ADDITION TO LOWER EXTREMITY ABDUCTION BAR (BILATERAL HIP    |      | Y      | 80% OF BILLED |
| L2310 |          | ADDITION TO LOWER EXTREMITY ABDUCTION BAR-STRAIGHT          |      | Y      | 80% OF BILLED |
| L2320 |          | ADDITION TO LOWER EXTREMITY NON-MOLDED LACER                |      | Y      | 80% OF BILLED |
| L2330 |          | ADDITION TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL   |      | Y      | 80% OF BILLED |
| L2335 |          | ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND             |      | Y      | 80% OF BILLED |
| L2340 |          | ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL                |      | Y      | 80% OF BILLED |
| L2350 |          | ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET     |      | Y      | 80% OF BILLED |
| L2360 |          | ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK            |      | Y      | 80% OF BILLED |
| L2370 |          | ADDITION TO LOWER EXTREMITY PATTEN BOTTOM                   |      | Y      | 80% OF BILLED |
| L2375 |          | ADDITION TO LOWER EXTREMITY TORSION CONTROL ANKLE JOINT A   |      | Y      | 80% OF BILLED |
| L2380 |          | ADDITION TO LOWER EXTREMITY TORSION CONTROL STRAIGHT KNEE   |      | Y      | 80% OF BILLED |
| L2385 |          | ADDITION TO LOWER EXTREMITY STRAIGHT KNEE JOINT HEAVY DUT   |      | Y      | 80% OF BILLED |
| L2390 |          | ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT    |      | Y      | 80% OF BILLED |
| L2395 |          | ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT HEAVY DUTY    |      | Y      | 80% OF BILLED |
| L2397 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE      |      | Y      | \$83.92       |
| L2405 |          | ADDITION TO KNEE JOINT DROP LOCK EACH JOINT                 |      | Y      | 80% OF BILLED |
| L2410 |          | ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT CAM   |      | Y      | 80% OF BILLED |
| L2415 |          | ADDITION TO KNEE JOINT CAM LOCK (SWISS FRENCH BAIL TYPES)   |      | Y      | 80% OF BILLED |
| L2425 |          | ADDITION TO KNEE JOINT DISC OR DIAL LOCK FOR ADJUSTABLE KNE |      | Y      | 80% OF BILLED |
| L2430 |          | ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT       |      | Y      | 80% OF BILLED |
| L2435 |          | ADDITION TO KNEE JOINT POLYCENTRIC JOINT EACH JOINT         |      | Y      | 80% OF BILLED |
| L2492 |          | ADDITION TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING         |      | Y      | 80% OF BILLED |
| L2500 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING GLUTEAL/   |      | Y      | 80% OF BILLED |
| L2510 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-    |      | Y      | 80% OF BILLED |
| L2520 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-    |      | Y      | 80% OF BILLED |
| L2525 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C  |      | Y      | 80% OF BILLED |
| L2526 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C  |      | Y      | 80% OF BILLED |
| L2530 |          | ADDITION TO LOWER EXTREMITY THIGH-WEIGHT BEARING LACER      |      | Y      | 80% OF BILLED |
| L2540 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING LACER      |      | Y      | 80% OF BILLED |

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|-------|----------|--|------|--------|---------------|
| L2550 |          | ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING HIGH        |      | Y      | 80% OF BILLED |
| L2570 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEV    |      | Y      | 80% OF BILLED |
| L2580 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING      |      | Y      | 80% OF BILLED |
| L2600 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT         |      | Y      | 80% OF BILLED |
| L2610 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT         |      | Y      | 80% OF BILLED |
| L2620 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT         |      | Y      | 80% OF BILLED |
| L2622 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU    |      | Y      | 80% OF BILLED |
| L2624 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU    |      | Y      | 80% OF BILLED |
| L2627 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL PLASTIC MOLDED    |      | Y      | 80% OF BILLED |
| L2628 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL METAL FRAME RE    |      | Y      | 80% OF BILLED |
| L2630 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT     |      | Y      | 80% OF BILLED |
| L2640 |          | ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT     |      | Y      | 80% OF BILLED |
| L2650 |          | ADDITION TO LOWER EXTREMITY PELVIC AND THORACIC CONTROL      |      | Y      | 80% OF BILLED |
| L2660 |          | ADDITION TO LOWER EXTREMITY THORACIC CONTROL THORACIC BAND   |      | Y      | 80% OF BILLED |
| L2670 |          | ADDITION TO LOWER EXTREMITY THORACIC CONTROL                 |      | Y      | 80% OF BILLED |
| L2680 |          | ADDITION TO LOWER EXTREMITY THORACIC CONTROL                 |      | Y      | 80% OF BILLED |
| L2750 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS PLATING CHROME OR       |      | Y      | 80% OF BILLED |
| L2755 |          | ADDITION TO LOWER EXTREM. ORTHOSIS CARBON GRAPHITE LAMINATI  |      | Y      | \$98.44       |
| L2760 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER           |      | Y      | 80% OF BILLED |
| L2768 |          | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR                 |      | Y      | \$104.89      |
| L2770 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS ANY MATERIAL - PER BAR  |      | Y      | 80% OF BILLED |
| L2780 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS NON-CORROSIVE FINISH    |      | Y      | 80% OF BILLED |
| L2785 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS DROP LOCK RETAINER EA   |      | Y      | 80% OF BILLED |
| L2795 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL FULL KNEE  |      | Y      | 80% OF BILLED |
| L2800 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP   |      | Y      | 80% OF BILLED |
| L2810 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL CONDYLAR   |      | Y      | 80% OF BILLED |
| L2820 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL  |      | Y      | 80% OF BILLED |
| L2830 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL  |      | Y      | 80% OF BILLED |
| L2840 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS TIBIAL LENGTH SOCK FR   |      | Y      | 80% OF BILLED |
| L2850 |          | ADDITION TO LOWER EXTREMITY ORTHOSIS FEMORAL LENGTH SOCK F   |      | Y      | 80% OF BILLED |
| L2860 |          | ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHANISM EACH |      | Y      | 80% OF BILLED |
| L2999 |          | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED             |      | Y      | 80% OF BILLED |
| L3000 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL "UCB" TYPE     |      | Y      | 80% OF BILLED |
| L3001 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SPENCO EA      |      | Y      | 80% OF BILLED |
| L3002 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL PLASTAZOTE     |      | Y      | 80% OF BILLED |



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|-------|----------|--|------|--------|---------------|
| L3003 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SILICONE     |      | Y      | 80% OF BILLED |
| L3010 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN   |      | Y      | 80% OF BILLED |
| L3020 |          | FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN   |      | Y      | 80% OF BILLED |
| L3030 |          | FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH          |      | Y      | 80% OF BILLED |
| L3040 |          | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH    |      | Y      | 80% OF BILLED |
| L3050 |          | FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH      |      | Y      | \$130.22      |
| L3060 |          | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL/        |      | Y      | 80% OF BILLED |
| L3070 |          | FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE           |      | Y      | 80% OF BILLED |
| L3080 |          | FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE           |      | Y      | 80% OF BILLED |
| L3090 |          | FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE           |      | Y      | 80% OF BILLED |
| L3100 |          | HALLUS-VALGUS NIGHT DYNAMIC SPLINT                         |      | Y      | 80% OF BILLED |
| L3140 |          | FOOT ROTATION POSITIONING DEVICE INCLUDING SHOE(S)         |      | Y      | 80% OF BILLED |
| L3150 |          | FOOT ROTATION POSITIONING DEVICE WITHOUT SHOE(S)           |      | Y      | 80% OF BILLED |
| L3160 |          | FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE             |      | Y      | 80% OF BILLED |
| L3170 |          | FOOT PLASTIC HEEL STABILIZER                               |      | Y      | 80% OF BILLED |
| L3204 |          | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT  |      | Y      | \$133.63      |
| L3206 |          | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD   |      | Y      | \$133.63      |
| L3207 |          | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR  |      | Y      | 80% OF BILLED |
| L3208 |          | SURGICAL BOOT EACH INFANT                                  |      | Y      | 80% OF BILLED |
| L3209 |          | SURGICAL BOOT EACH CHILD                                   |      | Y      | 80% OF BILLED |
| L3211 |          | SURGICAL BOOT EACH JUNIOR                                  |      | Y      | 80% OF BILLED |
| L3212 |          | BENESCH BOOT PAIR INFANT                                   |      | Y      | 80% OF BILLED |
| L3213 |          | BENESCH BOOT PAIR CHILD                                    |      | Y      | 80% OF BILLED |
| L3214 |          | BENESCH BOOT PAIR JUNIOR                                   |      | Y      | 80% OF BILLED |
| L3224 |          | ORTH FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART |      | Y      | 80% OF BILLED |
| L3225 |          | ORTH FOOTWEAR MAN'S SHOE OXFORD USED AS AN INTEGRAL PART   |      | Y      | 80% OF BILLED |
| L3250 |          | ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE                     |      | Y      | 80% OF BILLED |
| L3253 |          | FOOT MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED EAC |      | Y      | 80% OF BILLED |
| L3257 |          | ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE       |      | Y      | 80% OF BILLED |
| L3260 |          | AMBULATORY SURGICAL BOOT EACH                              |      | Y      | 80% OF BILLED |
| L3265 |          | PLASTAZOTE SANDAL EACH                                     |      | Y      | 80% OF BILLED |
| L3300 |          | LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH        |      | Y      | 80% OF BILLED |
| L3310 |          | LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH             |      | Y      | 80% OF BILLED |
| L3320 |          | LIFT ELEVATION HEEL AND SOLE CORK PER INCH                 |      | Y      | 80% OF BILLED |
| L3330 |          | LIFT ELEVATION METAL EXTENSION (SKATE)                     |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| L3332 |          | LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH     |      | Y      | 80% OF BILLED |
| L3334 |          | LIFT ELEVATION HEEL PER INCH                               |      | Y      | 80% OF BILLED |
| L3340 |          | HEEL WEDGE SACH  |      | Y      | 80% OF BILLED |
| L3350 |          | HEEL WEDGE   |      | Y      | 80% OF BILLED |
| L3360 |          | SOLE WEDGE OUTSIDE SOLE                                    |      | Y      | 80% OF BILLED |
| L3370 |          | SOLE WEDGE BETWEEN SOLE                                    |      | Y      | 80% OF BILLED |
| L3380 |          | CLUBFOOT WEDGE   |      | Y      | 80% OF BILLED |
| L3390 |          | OUTFLARE WEDGE   |      | Y      | 80% OF BILLED |
| L3400 |          | METATARSAL BAR WEDGE ROCKER                                |      | Y      | 80% OF BILLED |
| L3410 |          | METATARSAL BAR WEDGE BETWEEN SOLE                          |      | Y      | 80% OF BILLED |
| L3420 |          | FULL SOLE AND HEEL WEDGE BETWEEN SOLE                      |      | Y      | 80% OF BILLED |
| L3430 |          | HEEL COUNTER PLASTIC REINFORCED                            |      | Y      | 80% OF BILLED |
| L3440 |          | HEEL COUNTER LEATHER REINFORCED                            |      | Y      | 80% OF BILLED |
| L3450 |          | HEEL SACH CUSHION TYPE                                     |      | Y      | 80% OF BILLED |
| L3455 |          | HEEL NEW LEATHER STANDARD                                  |      | Y      | 80% OF BILLED |
| L3460 |          | HEEL NEW RUBBER STANDARD                                   |      | Y      | 80% OF BILLED |
| L3465 |          | HEEL THOMAS WITH WEDGE                                     |      | Y      | 80% OF BILLED |
| L3470 |          | HEEL THOMAS EXTENDED TO BALL                               |      | Y      | 80% OF BILLED |
| L3480 |          | HEEL PAD AND DEPRESSION FOR SPUR                           |      | Y      | 80% OF BILLED |
| L3485 |          | HEEL PAD REMOVABLE FOR SPUR                                |      | Y      | 80% OF BILLED |
| L3500 |          | ORTHOPEDIC SHOE ADDITION INSOLE LEATHER                    |      | Y      | 80% OF BILLED |
| L3510 |          | ORTHOPEDIC SHOE ADDITION INSOLE RUBBER                     |      | Y      | 80% OF BILLED |
| L3520 |          | ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER  |      | Y      | 80% OF BILLED |
| L3530 |          | ORTHOPEDIC SHOE ADDITION SOLE HALF                         |      | Y      | 80% OF BILLED |
| L3540 |          | ORTHOPEDIC SHOE ADDITION SOLE FULL                         |      | Y      | 80% OF BILLED |
| L3550 |          | ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD                  |      | Y      | 80% OF BILLED |
| L3560 |          | ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE                 |      | Y      | 80% OF BILLED |
| L3570 |          | ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP       |      | Y      | 80% OF BILLED |
| L3580 |          | ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE  |      | Y      | 80% OF BILLED |
| L3590 |          | ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER |      | Y      | 80% OF BILLED |
| L3595 |          | ORTHOPEDIC SHOE ADDITION MARCH BAR                         |      | Y      | 80% OF BILLED |
| L3600 |          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER   |      | Y      | 80% OF BILLED |
| L3610 |          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER   |      | Y      | 80% OF BILLED |
| L3620 |          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID     |      | Y      | 80% OF BILLED |
| L3630 |          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID     |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| L3640 |          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER DENNIS          |      | Y      | 80% OF BILLED |
| L3649 |          | ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS            |      | Y      | 80% OF BILLED |
| L3650 |          | SHOULDER ORTHOSIS (SO) FIGURE OF "8" DESIGN ABDUCTION RE-        |      | Y      | 80% OF BILLED |
| L3651 |          | PREFAB SHOULDER ORTHOSIS   |      | Y      | \$48.78       |
| L3652 |          | PREFAB DBL SHOULDER ORTHOSIS                                     |      | Y      | \$146.99      |
| L3660 |          | SO FIGURE OF "8" DESIGN ABDUCTION RESTRAINER CANVAS              |      | Y      | 80% OF BILLED |
| L3670 |          | SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)                  |      | Y      | 80% OF BILLED |
| L3675 |          | SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE            |      | Y      | \$123.99      |
| L3677 |          | SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-       |      | Y      | 80% OF BILLED |
| L3700 |          | ELBOW ORTHOSES (EO) ELASTIC WITH STAYS                           |      | Y      | 80% OF BILLED |
| L3701 |          | PREFAB ELBOW ORTHOSIS  |      | Y      | \$15.09       |
| L3710 |          | EO ELASTIC WITH METAL JOINTS                                     |      | Y      | 80% OF BILLED |
| L3720 |          | EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION             |      | Y      | 80% OF BILLED |
| L3730 |          | EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS EXTENSION/              |      | Y      | 80% OF BILLED |
| L3740 |          | EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS ADJUSTABLE              |      | Y      | 80% OF BILLED |
| L3760 |          | ELBOW ORTHOSIS, W/ADJUST POSITION LOCKING JNT(S), PREFABRICATED. |      | Y      | \$353.32      |
| L3762 |          | RIGID EO WO JOINTS   |      | Y      | \$79.64       |
| L3800 |          | WRIST-HAND-FINGER-ORTHOSES (WHFO) SHORT OPPONENS NO              |      | Y      | 80% OF BILLED |
| L3805 |          | WHFO LONG OPPONENS NO ATTACHMENT                                 |      | Y      | 80% OF BILLED |
| L3807 |          | WHFO EXTENSION ASSIST WITH INFLATABLE PALMAR AIR SUPPORT         |      | Y      | 80% OF BILLED |
| L3810 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB ABDUCTION         |      | Y      | 80% OF BILLED |
| L3815 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS SECOND M.P.             |      | Y      | 80% OF BILLED |
| L3820 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS I.P. EXTENSION          |      | Y      | 80% OF BILLED |
| L3825 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION          |      | Y      | 80% OF BILLED |
| L3830 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION          |      | Y      | 80% OF BILLED |
| L3835 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. SPRING             |      | Y      | 80% OF BILLED |
| L3840 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS SPRING SWIVEL           |      | Y      | 80% OF BILLED |
| L3845 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB I.P.              |      | Y      | 80% OF BILLED |
| L3850 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS ACTION WRIST WI         |      | Y      | 80% OF BILLED |
| L3855 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.         |      | Y      | 80% OF BILLED |
| L3860 |          | WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.         |      | Y      | 80% OF BILLED |
| L3890 |          | ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECHANISM EAC     |      | Y      | 80% OF BILLED |
| L3900 |          | WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/            |      | Y      | 80% OF BILLED |
| L3901 |          | WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/            |      | Y      | 80% OF BILLED |
| L3902 |          | WHFO EXTERNAL POWERED COMPRESSED GAS                             |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| L3904 |          | WHFO EXTERNAL POWERED ELECTRIC                             |      | Y      | 80% OF BILLED |
| L3906 |          | WHFO WRIST GAUNTLET MOLDED TO PATIENT MODEL                |      | Y      | 80% OF BILLED |
| L3907 |          | WHFO WRIST GAUNTLED WITH THUMB SPICA MOLDED TO PATIENT MOD |      | Y      | 80% OF BILLED |
| L3908 |          | WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED             |      | Y      | 80% OF BILLED |
| L3909 |          | PREFAB WRIST ORTHOSIS                                      |      | Y      | \$10.48       |
| L3910 |          | WHFO SWANSON DESIGN  |      | Y      | 80% OF BILLED |
| L3911 |          | PREFAB HAND FINGER ORTHOSIS                                |      | Y      | 80% OF BILLED |
| L3912 |          | WHFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL             |      | Y      | 80% OF BILLED |
| L3914 |          | WHFO WRIST EXTENSION COCK-UP                               |      | Y      | 80% OF BILLED |
| L3916 |          | WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER                |      | Y      | 80% OF BILLED |
| L3918 |          | WHFO KNUCKLE BENDER  |      | Y      | 80% OF BILLED |
| L3920 |          | WHFO KNUCKLE BENDER WITH OUTRIGGER                         |      | Y      | 80% OF BILLED |
| L3922 |          | WHFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS             |      | Y      | 80% OF BILLED |
| L3923 |          | HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED.     |      | Y      | \$27.49       |
| L3924 |          | WHFO OPPENHEIMER   |      | Y      | 80% OF BILLED |
| L3926 |          | WHFO THOMAS SUSPENSION                                     |      | Y      | 80% OF BILLED |
| L3928 |          | WHFO FINGER EXTENSION WITH CLOCK SPRING                    |      | Y      | 80% OF BILLED |
| L3930 |          | WHFO FINGER EXTENSION WITH WRIST SUPPORT                   |      | Y      | 80% OF BILLED |
| L3932 |          | WHFO SAFETY PIN SPRING WIRE                                |      | Y      | 80% OF BILLED |
| L3934 |          | WHFO SAFETY PIN MODIFIED                                   |      | Y      | 80% OF BILLED |
| L3936 |          | WHFO PALMER  |      | Y      | 80% OF BILLED |
| L3938 |          | WHFO DORSAL WRIST  |      | Y      | 80% OF BILLED |
| L3940 |          | WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT                |      | Y      | 80% OF BILLED |
| L3942 |          | WHFO REVERSE KNUCKLE BENDER                                |      | Y      | 80% OF BILLED |
| L3944 |          | WHFO REVERSE KNUCKLE BENDER WITH OUTRIGGER                 |      | Y      | 80% OF BILLED |
| L3946 |          | WHFO COMPOSITE ELASTIC                                     |      | Y      | 80% OF BILLED |
| L3948 |          | WHFO FINGER KNUCKLE BENDER                                 |      | Y      | 80% OF BILLED |
| L3950 |          | WHFO COMBINATION OPPENHEIMER WITH KNUCKLE BENDER AND TWO   |      | Y      | 80% OF BILLED |
| L3952 |          | WHFO COMBINATION OPPENHEIMER WITH REVERSE KNUCKLE AND TWO  |      | Y      | 80% OF BILLED |
| L3954 |          | WHFO SPREADING HAND  |      | Y      | 80% OF BILLED |
| L3960 |          | SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO) ABDUCTION       |      | Y      | 80% OF BILLED |
| L3962 |          | SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN             |      | Y      | 80% OF BILLED |
| L3963 |          | SEWHO MOLDED SHOULDER ARM FOREARM AND WRIST WITH ARTICU    |      | Y      | 80% OF BILLED |
| L3964 |          | SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR            |      | Y      | 80% OF BILLED |
| L3965 |          | SEWHO-RADIAL ARM SUPPORT. ATTACHED TO WHEELCHAIR           |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc  | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|-------|----------|--|------|--------|---------------|
| L3966 |          | SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR            |      | Y      | 80% OF BILLED |
| L3968 |          | SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR            |      | Y      | 80% OF BILLED |
| L3969 |          | SEWHO MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPO |      | Y      | 80% OF BILLED |
| L3970 |          | SEWHO ADDITION TO MOBILE ARM SUPPORT ELEVATING PROXIMAL AR |      | Y      | 80% OF BILLED |
| L3972 |          | SEWHO ADDITION TO MOBILE ARM SUPPORT OFFSET OR LATERAL     |      | Y      | 80% OF BILLED |
| L3974 |          | SEWHO ADDITION TO MOBILE ARM SUPPORT SUPINATOR             |      | Y      | 80% OF BILLED |
| L3980 |          | UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL                  |      | Y      | 80% OF BILLED |
| L3982 |          | UPPER EXTREMITY FRACTURE ORTHOSIS RADIUS/ULNAR             |      | Y      | 80% OF BILLED |
| L3984 |          | UPPER EXTREMITY FRACTURE ORTHOSIS WRIST                    |      | Y      | 80% OF BILLED |
| L3985 |          | UPPER EXTREMITY FRACTURE ORTHOSIS FOREARM HAND WITH WRIST  |      | Y      | 80% OF BILLED |
| L3986 |          | UPPER EXTREMITY FRACTURE ORTHOSIS COMBINATION OF           |      | Y      | 80% OF BILLED |
| L3995 |          | ADDITION TO UPPER EXTREMITY ORTHOSIS SOCK FRACTURE OR EQUA |      | Y      | 80% OF BILLED |
| L3999 |          | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED                |      | Y      | 80% OF BILLED |
| L4000 |          | REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS                      |      | Y      | 80% OF BILLED |
| L4010 |          | REPLACE TRILATERAL SOCKET BRIM                             |      | Y      | 80% OF BILLED |
| L4020 |          | REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL  |      | Y      | 80% OF BILLED |
| L4030 |          | REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED            |      | Y      | 80% OF BILLED |
| L4040 |          | REPLACE MOLDED THIGH LACER                                 |      | Y      | 80% OF BILLED |
| L4045 |          | REPLACE NON-MOLDED THIGH LACER                             |      | Y      | 80% OF BILLED |
| L4050 |          | REPLACE MOLDED CALF LACER                                  |      | Y      | 80% OF BILLED |
| L4055 |          | REPLACE NON-MOLDED CALF LACER                              |      | Y      | 80% OF BILLED |
| L4060 |          | REPLACE HIGH ROLL CUFF                                     |      | Y      | 80% OF BILLED |
| L4070 |          | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO               |      | Y      | 80% OF BILLED |
| L4080 |          | REPLACE METAL BANDS KAFO PROXIMAL THIGH                    |      | Y      | 80% OF BILLED |
| L4090 |          | REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH          |      | Y      | 80% OF BILLED |
| L4100 |          | REPLACE LEATHER CUFF KAFO PROXIMAL THIGH                   |      | Y      | 80% OF BILLED |
| L4110 |          | REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH         |      | Y      | 80% OF BILLED |
| L4205 |          | REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES   |      | Y      | 80% OF BILLED |
| L4210 |          | REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS    |      | Y      | \$56.11       |
| L4350 |          | PNEUMATIC ANKLE CONTROL SPLINT (E.G. AIRCAST)              |      | Y      | \$30.48       |
| L4360 |          | PNEUMATIC WALKING SPLINT (E.G. AIRCAST)                    |      | Y      | 80% OF BILLED |
| L4370 |          | PNEUMATIC FULL LEG SPLINT (E.G. AIRCAST)                   |      | Y      | 80% OF BILLED |
| L4380 |          | PNEUMATIC KNEE SPLINT (E.G. AIRCAST)                       |      | Y      | 80% OF BILLED |
| L4386 |          | NON-PNEUMATIC WALKING SPLINT                               |      | Y      | \$129.03      |
| L4392 |          | REPLACE SOFT INTERFACE MATERIAL ANKLE CONTRACTURE SPLINT   |      | Y      | \$17.58       |

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## Montana Medicaid Fee Schedule

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|--------|----------|---|------|--------|---------------|
| L4394  |          | REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT                |      | Y      | \$12.84       |
| L4396  |          | ANKLE CONTRACTURE SPLINT  |      | Y      | \$125.41      |
| L4398  |          | FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE                   |      | Y      | \$57.74       |
| L5000* |          | PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER      |      | Y      | 80% OF BILLED |
| L5010* |          | PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER         |      | Y      | 80% OF BILLED |
| L5020* |          | PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HEIGHT WITH TO       |      | Y      | 80% OF BILLED |
| L5050* |          | ANKLE SYMES MOLDED SOCKET SACH FOOT                             |      | Y      | 80% OF BILLED |
| L5060* |          | ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET                   |      | Y      | 80% OF BILLED |
| L5100* |          | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT                         |      | Y      | 80% OF BILLED |
| L5105* |          | BELOW KNEE PLASTIC SOCKET JOINTS AND THIGH LACER SACH FOO       |      | Y      | 80% OF BILLED |
| L5150* |          | KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET EXTER      |      | Y      | 80% OF BILLED |
| L5160* |          | KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT       |      | Y      | 80% OF BILLED |
| L5200* |          | ABOVE KNEE MOLDED SOCKET SINGLE AXIS CONSTANT FRICTION          |      | Y      | 80% OF BILLED |
| L5210* |          | ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI       |      | Y      | 80% OF BILLED |
| L5220* |          | ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI       |      | Y      | 80% OF BILLED |
| L5230* |          | ABOVE KNEE FOR PROXIMAL FEMORAL FOCAL DEFICIENCY CONSTANT       |      | Y      | 80% OF BILLED |
| L5250* |          | HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET HIP JOINT      |      | Y      | 80% OF BILLED |
| L5270* |          | HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCKET LOCKING      |      | Y      | 80% OF BILLED |
| L5280* |          | HEMIPELVECTOMY CANADIAN TYPE; MOLDED SOCKET HIP JOINT SIN       |      | Y      | 80% OF BILLED |
| L5301* |          | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM | Y    | Y      | \$1,836.32    |
| L5311* |          | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL | Y    | Y      | \$2,893.01    |
| L5321* |          | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL    | Y    | Y      | \$2,607.16    |
| L5331* |          | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL | Y    | Y      | \$4,444.00    |
| L5341* |          | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL      | Y    | Y      | \$4,811.92    |
| L5400* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF         |      | Y      | 80% OF BILLED |
| L5410* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF         |      | Y      | 80% OF BILLED |
| L5420* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF         |      | Y      | 80% OF BILLED |
| L5430* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI     |      | Y      | 80% OF BILLED |
| L5450* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON     |      | Y      | 80% OF BILLED |
| L5460* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON     |      | Y      | 80% OF BILLED |
| L5500* |          | INITIAL BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON      |      | Y      | 80% OF BILLED |
| L5505* |          | INITIAL ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SO      |      | Y      | 80% OF BILLED |
| L5510* |          | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET                        |      | Y      | 80% OF BILLED |
| L5520* |          | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL        |      | Y      | 80% OF BILLED |
| L5530* |          | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET                        |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|--------|----------|---|------|--------|---------------|
| L5535* |          | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET USMC OR EQUAL PYL  |      | Y      | 80% OF BILLED |
| L5540* |          | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET                    |      | Y      | 80% OF BILLED |
| L5560* |          | PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL  |      | Y      | 80% OF BILLED |
| L5570* |          | PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL   |      | Y      | 80% OF BILLED |
| L5580* |          | PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL   |      | Y      | 80% OF BILLED |
| L5585* |          | PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL   |      | Y      | 80% OF BILLED |
| L5590* |          | PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL   |      | Y      | 80% OF BILLED |
| L5595* |          | PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C   |      | Y      | 80% OF BILLED |
| L5600* |          | PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C   |      | Y      | 80% OF BILLED |
| L5610* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE HYDRACADENCE SYSTEM  |      | Y      | 80% OF BILLED |
| L5611* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION |      | Y      | 80% OF BILLED |
| L5612* |          | ADDITIONS TO LOWER EXTREMITY ABOVE KNEE POLYCADENCE         |      | Y      | 80% OF BILLED |
| L5613* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION |      | Y      | 80% OF BILLED |
| L5614* |          | ADDITIONS TO LOWER EXTREMITY ABOVE KNEE LAWRENCE POLYCENTR  | Y    | Y      | \$3,028.67    |
| L5616* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE UNIVERSAL MULTIPLEX  |      | Y      | 80% OF BILLED |
| L5617* |          | ADDITIONS TO LOWER EXTREMITY QUICK CHANGE SELF ALIGNING UNI |      | Y      | \$405.56      |
| L5618* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES               |      | Y      | 80% OF BILLED |
| L5620* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE          |      | Y      | 80% OF BILLED |
| L5622* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATI  |      | Y      | 80% OF BILLED |
| L5624* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE          |      | Y      | 80% OF BILLED |
| L5626* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATIO  |      | Y      | 80% OF BILLED |
| L5628* |          | ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY      |      | Y      | 80% OF BILLED |
| L5629* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET       |      | Y      | 80% OF BILLED |
| L5630* |          | ADDITION TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL      |      | Y      | 80% OF BILLED |
| L5631* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULAT |      | Y      | 80% OF BILLED |
| L5632* |          | ADDITION TO LOWER EXTREMITY SYMES TYPE "PTB" BRIM DESIGN    |      | Y      | 80% OF BILLED |
| L5634* |          | ADDITION TO LOWER EXTREMITY SYMES TYPE POSTERIOR OPENING    |      | Y      | 80% OF BILLED |
| L5636* |          | ADDITION TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING       |      | Y      | 80% OF BILLED |
| L5637* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT        |      | Y      | 80% OF BILLED |
| L5638* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET       |      | Y      | 80% OF BILLED |
| L5639  |          | ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET          |      | Y      | 80% OF BILLED |
| L5640* |          | ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION LEATHER    |      | Y      | 80% OF BILLED |
| L5642* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET       |      | Y      | 80% OF BILLED |
| L5643* |          | ADDITION TO LOWER EXTREMITY HIP DISARTICULATION FLEXIBLE    |      | Y      | 80% OF BILLED |
| L5644* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET          |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|--------|----------|---|------|--------|---------------|
| L5645* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE FLEXIBLE INNER SOC       |      | Y      | 80% OF BILLED |
| L5646* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE AIR CUSHION SOCKET       |      | Y      | 80% OF BILLED |
| L5647* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET           |      | Y      | 80% OF BILLED |
| L5648* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE AIR CUSHION SOCKET       |      | Y      | 80% OF BILLED |
| L5649* |          | ADDITION TO LOWER EXTREMITY ISCHIAL CONTAINMENT/NARROW M-L      |      | Y      | 80% OF BILLED |
| L5650* |          | ADDITIONS TO LOWER EXTREMITY TOTAL CONTACT ABOVE KNEE OR        |      | Y      | 80% OF BILLED |
| L5651* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE FLEXIBLE INNER SOC       |      | Y      | 80% OF BILLED |
| L5652* |          | ADDITION TO LOWER EXTREMITY SUCTION SUSPENSION ABOVE KNEE       |      | Y      | 80% OF BILLED |
| L5653* |          | ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION EXPANDAB       |      | Y      | 80% OF BILLED |
| L5654* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES (KEMBLO         |      | Y      | 80% OF BILLED |
| L5655* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE            |      | Y      | 80% OF BILLED |
| L5656* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICUL       |      | Y      | 80% OF BILLED |
| L5658* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE            |      | Y      | 80% OF BILLED |
| L5661* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER       |      | Y      | 80% OF BILLED |
| L5665* |          | ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER       |      | Y      | 80% OF BILLED |
| L5666* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION          |      | Y      | 80% OF BILLED |
| L5668* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL            |      | Y      | 80% OF BILLED |
| L5670* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED SUPRACONDYL       |      | Y      | 80% OF BILLED |
| L5671* |          | ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION |      | Y      | \$526.09      |
| L5672* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE REMOVABLE MEDIAL         |      | Y      | 80% OF BILLED |
| L5674* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE             |      | Y      | 80% OF BILLED |
| L5675* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE SUSPE       |      | Y      | 80% OF BILLED |
| L5676* |          | ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS SINGL       |      | Y      | 80% OF BILLED |
| L5677* |          | ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS POLYC       |      | Y      | 80% OF BILLED |
| L5678* |          | ADDITIONS TO LOWER EXTREMITY BELOW KNEE JOINT COVERS PAIR       |      | Y      | 80% OF BILLED |
| L5680* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER NON-         |      | Y      | 80% OF BILLED |
| L5682* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER              |      | Y      | 80% OF BILLED |
| L5684* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE FORK STRAP               |      | Y      | 80% OF BILLED |
| L5686* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE BACK CHECK               |      | Y      | 80% OF BILLED |
| L5688* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBIN        |      | Y      | 80% OF BILLED |
| L5690* |          | ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT PADDED        |      | Y      | 80% OF BILLED |
| L5692* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL       |      | Y      | 80% OF BILLED |
| L5694* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL       |      | Y      | 80% OF BILLED |
| L5695* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL SLE       |      | Y      | 80% OF BILLED |
| L5696* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA      |      | Y      | 80% OF BILLED |



# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc   | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|--------|----------|--|------|--------|---------------|
| L5697* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA   |      | Y      | 80% OF BILLED |
| L5698* |          | ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA   |      | Y      | 80% OF BILLED |
| L5699* |          | ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS              |      | Y      | 80% OF BILLED |
| L5700* |          | REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL        | Y    | Y      | \$1,970.00    |
| L5701* |          | REPLACEMENT SOCKET ABOVE KNEE/KNEE DISART INC ATT PLATE      | Y    | Y      | \$2,629.37    |
| L5702* |          | REPL SOCKET HIP DISART INC HIP JOINT MOLDED TO PATIENT MODEL | Y    | Y      | \$3,624.05    |
| L5704* |          | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE        |      | Y      | \$411.10      |
| L5705* |          | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE        |      | Y      | \$698.03      |
| L5706* |          | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULA  |      | Y      | \$688.74      |
| L5707* |          | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC      |      | Y      | \$950.26      |
| L5710* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL     |      | Y      | 80% OF BILLED |
| L5711* |          | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL    |      | Y      | 80% OF BILLED |
| L5712* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI     |      | Y      | 80% OF BILLED |
| L5714* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS VARIAB     |      | Y      | 80% OF BILLED |
| L5716* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN     |      | Y      | 80% OF BILLED |
| L5718* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICT      |      | Y      | 80% OF BILLED |
| L5722* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA     |      | Y      | 80% OF BILLED |
| L5724* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID      |      | Y      | 80% OF BILLED |
| L5726* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS EXTERN     |      | Y      | 80% OF BILLED |
| L5728* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID      |      | Y      | 80% OF BILLED |
| L5780* |          | ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA     |      | Y      | 80% OF BILLED |
| L5781  |          | LOWER LIMB PROS VACUUM PUMP                                  | Y    | Y      | \$3,262.85    |
| L5782  |          | HD LOW LIMB PROS VACUUM PUMP                                 |      | Y      | 80% OF BILLED |
| L5785* |          | ADDITION EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERI    |      | Y      | 80% OF BILLED |
| L5790* |          | ADDITION EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERI    |      | Y      | 80% OF BILLED |
| L5795* |          | ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIG    |      | Y      | 80% OF BILLED |
| L5810* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL    |      | Y      | 80% OF BILLED |
| L5811* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL    |      | Y      | 80% OF BILLED |
| L5812* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI    |      | Y      | 80% OF BILLED |
| L5814* |          | KNEE-SHIN SYST SINGLE AXIS VARIABLE FRICTION SWING CONTROL   |      | Y      | 80% OF BILLED |
| L5816* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN    |      | Y      | 80% OF BILLED |
| L5818* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTI    |      | Y      | 80% OF BILLED |
| L5822* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA    |      | Y      | 80% OF BILLED |
| L5824* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID     |      | Y      | 80% OF BILLED |
| L5826* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAU    |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc   | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|--------|----------|--|------|--------|---------------|
| L5828* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID     |      | Y      | 80% OF BILLED |
| L5830* |          | ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA    |      | Y      | 80% OF BILLED |
| L5840* |          | ADD ENDOSKEL KNEE/SKIN SYSTEM 4-BAR OR MULTIAXIAL PNEUM      | Y    | Y      | \$1,964.19    |
| L5845* |          | ADD ENDOSKEL KNEE SHIN SYSTEM STANCE FLEXION FEATURE ADJUST  | Y    | Y      | \$2,722.22    |
| L5846* |          | ADD ENDOSKEL KNEE SHIN SYSTEM MICROPROCESSOR SWING PHASE     | Y    | Y      | \$3,929.12    |
| L5847* |          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR      | Y    | Y      | \$12,492.33   |
| L5848  |          | KNEE-SHIN SYS HYDRAUL STANCE                                 |      | Y      | \$876.88      |
| L5850* |          | ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICUL    |      | Y      | 80% OF BILLED |
| L5855* |          | ADD ENDOSKEL SYS HIP DISART MECHANICAL HIP EXT ASSIST        |      | Y      | \$284.23      |
| L5910* |          | ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM     |      | Y      | 80% OF BILLED |
| L5920* |          | ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULA   |      | Y      | 80% OF BILLED |
| L5925* |          | ADD ENDOSKEL SYS ABOVE KNEE KNEE DISART OR HIP DISART MANUAL |      | Y      | \$311.03      |
| L5930* |          | ADD ENDOSKEL SYS HIGH ACTIVITY KNEE CONTROL FRAME            | Y    | Y      | \$2,439.75    |
| L5940* |          | ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATE     |      | Y      | 80% OF BILLED |
| L5950* |          | ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATE     |      | Y      | 80% OF BILLED |
| L5960* |          | ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-L     |      | Y      | 80% OF BILLED |
| L5962* |          | ADD ENDOSK SYS BELOW KNEE FLEXIBLE PROT OUTER SURFACE COVER  |      | Y      | \$519.87      |
| L5964* |          | ADD ENDOSK SYS ABOVE KNEE FLEXIBLE PROT OUTER SURFACE COV    |      | Y      | \$734.56      |
| L5966* |          | ADD ENDOSK SYS HIP DISART FLEXIBLE PROTECTIVE OUTER SURFACE  |      | Y      | \$934.23      |
| L5968* |          | ALL LOWER EXTREM PROSTHESIS ANKLE MULTIAXIAL SHOCK ABSORBI   | Y    | Y      | \$2,826.53    |
| L5970* |          | ALL LOWER EXTREMITY PROSTHESES FOOT EXTERNAL KEEL SACH FO    |      | Y      | 80% OF BILLED |
| L5972* |          | ALL LOWER EXTREMITY PROSTHESES FLEXIBLE KEEL FOOT (SAFE ST   |      | Y      | 80% OF BILLED |
| L5974* |          | ALL LOWER EXTREMITY PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT   |      | Y      | 80% OF BILLED |
| L5975* |          | ALL LOWER EXTREM PROSTHESIS COMBO SNGL AXIS ANKLE/FLEX KEEL  |      | Y      | \$360.61      |
| L5976* |          | ALL LOWER EXTREMITY PROSTHESES ENERGY STORING FOOT (SEATTLE  |      | Y      | 80% OF BILLED |
| L5978* |          | ALL LOWER EXTREMITY PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT    |      | Y      | 80% OF BILLED |
| L5979* |          | ALL LOWER EXT PROSTHESES MULTI AXIAL ANKLE/FOOT DYNAMIC RES  | Y    | Y      | \$1,917.52    |
| L5980* |          | ALL LOWER EXTREMITY PROSTHESES FLEX FOOT SYSTEM              |      | Y      | 80% OF BILLED |
| L5981* |          | ALL LOWER EXTREMIT PROSTHESES FLEXIBLE WALK SYSTEM OR EQUAL  | Y    | Y      | \$2,242.78    |
| L5982* |          | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION U  |      | Y      | 80% OF BILLED |
| L5984* |          | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION   |      | Y      | 80% OF BILLED |
| L5985* |          | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES DYNAMIC PROSTHE  |      | Y      | \$204.67      |
| L5986* |          | ALL LOWER EXTREMITY PROSTHESES MULTI-AXIAL ROTATION UNIT ("  |      | Y      | 80% OF BILLED |
| L5988* |          | ALL LOWER EXTREM PROSTHESIS COMBO VERTICAL SHOCK/MULTIAXIAL  | Y    | Y      | \$1,553.82    |
| L5989* |          | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL SYSTEM, | Y    | Y      | \$2,498.46    |

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|--------|----------|--|------|--------|---------------|
| L5990* |          | ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL | Y    | Y      | \$1,463.33    |
| L5995* |          | LOWER EXT PROS HEAVYDUTY FEA                                 |      | Y      | 80% OF BILLED |
| L5999* |          | LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED           |      | Y      | 80% OF BILLED |
| L6000* |          | PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)           |      | Y      | 80% OF BILLED |
| L6010* |          | PARTIAL HAND ROBIN-AIDS LITTLE AND/OR RING FINGER REMAININ   |      | Y      | 80% OF BILLED |
| L6020* |          | PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)       |      | Y      | 80% OF BILLED |
| L6025* |          | PART HAND DISART MYOELECTRIC                                 | Y    | Y      | \$6,525.70    |
| L6050* |          | WRIST DISARTICULATION MOLDED SOCKET FLEXIBLE ELBOW HINGES    |      | Y      | 80% OF BILLED |
| L6055* |          | WRIST DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA  |      | Y      | 80% OF BILLED |
| L6100* |          | BELOW ELBOW MOLDED SOCKET FLEXIBLE ELBOW HINGE TRICEPS       |      | Y      | 80% OF BILLED |
| L6110* |          | BELOW ELBOW MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUS-     |      | Y      | 80% OF BILLED |
| L6120* |          | BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES   |      | Y      | 80% OF BILLED |
| L6130* |          | BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STUMP ACTIVATE   |      | Y      | 80% OF BILLED |
| L6200* |          | ELBOW DISARTICULATION MOLDED SOCKET OUTSIDE LOCKING HINGE    |      | Y      | 80% OF BILLED |
| L6205* |          | ELBOW DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA  |      | Y      | 80% OF BILLED |
| L6250* |          | ABOVE ELBOW MOLDED DOUBLE WALL SOCKET INTERNAL LOCKING ELB   |      | Y      | 80% OF BILLED |
| L6300* |          | SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD     |      | Y      | 80% OF BILLED |
| L6310* |          | SHOULDER DISARTICULATION PASSIVE RESTORATION (COMPLETE PROS  |      | Y      | 80% OF BILLED |
| L6320* |          | SHOULDER DISARTICULATION PASSIVE RESTORATION (SHOULDER CAP   |      | Y      | 80% OF BILLED |
| L6350* |          | INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD       |      | Y      | 80% OF BILLED |
| L6360* |          | INTERSCAPULAR THORACIC PASSIVE RESTORATION (COMPLETE PROS-   |      | Y      | 80% OF BILLED |
| L6370* |          | INTERSCAPULAR THORACIC PASSIVE RESTORATION (SHOULDER CAP ON  |      | Y      | 80% OF BILLED |
| L6380* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI  |      | Y      | 80% OF BILLED |
| L6382* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI  |      | Y      | 80% OF BILLED |
| L6384* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI  |      | Y      | 80% OF BILLED |
| L6386* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING EACH ADDITIONAL CA  |      | Y      | 80% OF BILLED |
| L6388* |          | IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF RIG  |      | Y      | 80% OF BILLED |
| L6400* |          | BELOW ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING      |      | Y      | 80% OF BILLED |
| L6450* |          | ELBOW DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM      |      | Y      | 80% OF BILLED |
| L6500* |          | ABOVE ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING      |      | Y      | 80% OF BILLED |
| L6550* |          | SHOULDER DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM   |      | Y      | 80% OF BILLED |
| L6570* |          | INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM     |      | Y      | 80% OF BILLED |
| L6580* |          | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA   |      | Y      | 80% OF BILLED |
| L6582* |          | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA   |      | Y      | 80% OF BILLED |
| L6584* |          | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA   |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

| Proc   | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|--------|----------|---|------|--------|---------------|
| L6586* |          | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA  |      | Y      | 80% OF BILLED |
| L6588* |          | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA |      | Y      | 80% OF BILLED |
| L6590* |          | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA |      | Y      | 80% OF BILLED |
| L6600* |          | UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR            |      | Y      | 80% OF BILLED |
| L6605* |          | UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR           |      | Y      | 80% OF BILLED |
| L6610* |          | UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR         |      | Y      | 80% OF BILLED |
| L6615* |          | UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT     |      | Y      | 80% OF BILLED |
| L6616* |          | UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L |      | Y      | 80% OF BILLED |
| L6620* |          | UPPER EXTREMITY ADDITIONS FLEXION-FRICTION WRIST UNIT       |      | Y      | 80% OF BILLED |
| L6623* |          | UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST   |      | Y      | 80% OF BILLED |
| L6625* |          | UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE    |      | Y      | 80% OF BILLED |
| L6628* |          | UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT   |      | Y      | 80% OF BILLED |
| L6629* |          | UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA  |      | Y      | 80% OF BILLED |
| L6630* |          | UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST         |      | Y      | 80% OF BILLED |
| L6632* |          | UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH       |      | Y      | 80% OF BILLED |
| L6635* |          | UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW             |      | Y      | 80% OF BILLED |
| L6637* |          | UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK           |      | Y      | 80% OF BILLED |
| L6638* |          | ELEC LOCK ON MANUAL PW ELBOW                                | Y    | Y      | \$2,039.28    |
| L6640* |          | UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR     |      | Y      | 80% OF BILLED |
| L6641* |          | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE    |      | Y      | 80% OF BILLED |
| L6642* |          | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE     |      | Y      | 80% OF BILLED |
| L6645* |          | UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION        |      | Y      | 80% OF BILLED |
| L6646* |          | MULTIPO LOCKING SHOULDER JNT                                | Y    | Y      | \$2,571.99    |
| L6647* |          | SHOULDER LOCK ACTUATOR                                      |      | Y      | \$423.47      |
| L6648* |          | EXT PWRD SHLDER LOCK/UNLOCK                                 | Y    | Y      | \$2,652.65    |
| L6650* |          | UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH     |      | Y      | 80% OF BILLED |
| L6655* |          | UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA      |      | Y      | 80% OF BILLED |
| L6660* |          | UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE          |      | Y      | 80% OF BILLED |
| L6665* |          | UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING      |      | Y      | 80% OF BILLED |
| L6670* |          | UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER        |      | Y      | 80% OF BILLED |
| L6672* |          | UPPER EXTREMITY ADDITIONS HARNESS CHEST OR                  |      | Y      | 80% OF BILLED |
| L6675* |          | UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8")           |      | Y      | 80% OF BILLED |
| L6676* |          | UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8") EIGHT     |      | Y      | 80% OF BILLED |
| L6680* |          | UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-   |      | Y      | 80% OF BILLED |
| L6682* |          | UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-   |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc   | Modifier | Description (Short)   | P.A. | C.M.N. | FEE           |
|--------|----------|---|------|--------|---------------|
| L6684* |          | UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-         |      | Y      | 80% OF BILLED |
| L6686* |          | UPPER EXTREMITY ADDITION SUCTION SOCKET                     |      | Y      | 80% OF BILLED |
| L6687* |          | UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW               |      | Y      | 80% OF BILLED |
| L6688* |          | UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW               |      | Y      | 80% OF BILLED |
| L6689* |          | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR   |      | Y      | 80% OF BILLED |
| L6690* |          | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-   |      | Y      | 80% OF BILLED |
| L6691* |          | UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH              |      | Y      | 80% OF BILLED |
| L6692* |          | UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH  |      | Y      | 80% OF BILLED |
| L6693* |          | UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE | Y    | Y      | \$2,208.22    |
| L6700* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3           |      | Y      | 80% OF BILLED |
| L6705* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5           |      | Y      | 80% OF BILLED |
| L6710* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X          |      | Y      | 80% OF BILLED |
| L6715* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA         |      | Y      | 80% OF BILLED |
| L6720* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6           |      | Y      | 80% OF BILLED |
| L6725* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7           |      | Y      | 80% OF BILLED |
| L6730* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO         |      | Y      | 80% OF BILLED |
| L6735* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8           |      | Y      | 80% OF BILLED |
| L6740* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X          |      | Y      | 80% OF BILLED |
| L6745* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X         |      | Y      | 80% OF BILLED |
| L6750* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P         |      | Y      | 80% OF BILLED |
| L6755* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X         |      | Y      | 80% OF BILLED |
| L6765* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P         |      | Y      | 80% OF BILLED |
| L6770* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X         |      | Y      | 80% OF BILLED |
| L6775* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555         |      | Y      | 80% OF BILLED |
| L6780* |          | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555       |      | Y      | 80% OF BILLED |
| L6790* |          | TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL                   |      | Y      | 80% OF BILLED |
| L6795* |          | TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL                      |      | Y      | 80% OF BILLED |
| L6800* |          | TERMINAL DEVICES HOOKS-APRL VC OR EQUAL                     |      | Y      | 80% OF BILLED |
| L6805* |          | TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT                 |      | Y      | 80% OF BILLED |
| L6806* |          | TERMINAL DEVICE HOOK TRS GRIP VC                            |      | Y      | 80% OF BILLED |
| L6807* |          | TERMINAL DEVICE HOOK TRS ADEPT CHILD VC                     |      | Y      | 80% OF BILLED |
| L6808* |          | TERMINAL DEVICE HOOK TRS ADEPT INFANT VC                    |      | Y      | 80% OF BILLED |
| L6809* |          | TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE                |      | Y      | 80% OF BILLED |
| L6810* |          | TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL             |      | Y      | 80% OF BILLED |
| L6825* |          | TERMINAL DEVICES HANDS DORRANCE VO                          |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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| Proc   | Modifier | Description (Short)  | P.A. | C.M.N. | FEE           |
|--------|----------|--|------|--------|---------------|
| L6830* |          | TERMINAL DEVICES HANDS APRL VC                             |      | Y      | 80% OF BILLED |
| L6835* |          | TERMINAL DEVICES HANDS SIERRA VO                           |      | Y      | 80% OF BILLED |
| L6840* |          | TERMINAL DEVICES HANDS BECKER IMPERIAL                     |      | Y      | 80% OF BILLED |
| L6845* |          | TERMINAL DEVICES HANDS BECKER LOCK GRIP                    |      | Y      | 80% OF BILLED |
| L6850* |          | TERMINAL DEVICES HANDS BECKER PLYLITE                      |      | Y      | 80% OF BILLED |
| L6855* |          | TERMINAL DEVICES HANDS ROBIN-AIDS VO                       |      | Y      | 80% OF BILLED |
| L6860* |          | TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT                  |      | Y      | 80% OF BILLED |
| L6865* |          | TERMINAL DEVICES HANDS PASSIVE HAND                        |      | Y      | 80% OF BILLED |
| L6867* |          | TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL)      |      | Y      | 80% OF BILLED |
| L6868* |          | TERMINAL DEVICE HAND PASSIVE INFANT HAND ( STEEPER HOSME   |      | Y      | 80% OF BILLED |
| L6869* |          | TERMINAL DEVICE HAND PASSIVE INFANT HAND HOSMER OR EQUAL   |      | Y      | 80% OF BILLED |
| L6870* |          | TERMINAL DEVICES HANDS CHILD MITT                          |      | Y      | 80% OF BILLED |
| L6872* |          | TERMINAL DEVICE HAND NYU CHILD HAND                        |      | Y      | 80% OF BILLED |
| L6873* |          | TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR     |      | Y      | 80% OF BILLED |
| L6875* |          | TERMINAL DEVICES HANDS BOCK VC                             |      | Y      | 80% OF BILLED |
| L6880* |          | TERMINAL DEVICES HANDS BOCK VO                             |      | Y      | 80% OF BILLED |
| L6881* |          | AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC | Y    | Y      | \$3,297.56    |
| L6882* |          | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB     | Y    | Y      | \$2,501.39    |
| L6890* |          | TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE    |      | Y      | 80% OF BILLED |
| L6895* |          | TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE       |      | Y      | 80% OF BILLED |
| L6900* |          | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) |      | Y      | 80% OF BILLED |
| L6905* |          | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) |      | Y      | 80% OF BILLED |
| L6910* |          | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) |      | Y      | 80% OF BILLED |
| L6915* |          | HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)       |      | Y      | 80% OF BILLED |
| L6920* |          | WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER  |      | Y      | 80% OF BILLED |
| L6925* |          | WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER  |      | Y      | 80% OF BILLED |
| L6930* |          | BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE  |      | Y      | 80% OF BILLED |
| L6935* |          | BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE  |      | Y      | 80% OF BILLED |
| L6940* |          | ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET   |      | Y      | 80% OF BILLED |
| L6945* |          | ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET   |      | Y      | 80% OF BILLED |
| L6950* |          | ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE   |      | Y      | 80% OF BILLED |
| L6955* |          | ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE   |      | Y      | 80% OF BILLED |
| L6960* |          | SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE |      | Y      | 80% OF BILLED |
| L6965* |          | SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE |      | Y      | 80% OF BILLED |
| L6970* |          | INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET  |      | Y      | 80% OF BILLED |

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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|--------|----------|--|------|--------|---------------|
| L6975* |          | INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET  |      | Y      | 80% OF BILLED |
| L7010* |          | ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL  |      | Y      | 80% OF BILLED |
| L7015* |          | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW  |      | Y      | 80% OF BILLED |
| L7020* |          | ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL |      | Y      | 80% OF BILLED |
| L7025* |          | ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR |      | Y      | 80% OF BILLED |
| L7030* |          | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY  |      | Y      | 80% OF BILLED |
| L7035* |          | ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO |      | Y      | 80% OF BILLED |
| L7040* |          | PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED      |      | Y      | 80% OF BILLED |
| L7045* |          | ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED  |      | Y      | 80% OF BILLED |
| L7170* |          | ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED         |      | Y      | 80% OF BILLED |
| L7180* |          | ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE |      | Y      | 80% OF BILLED |
| L7185* |          | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL   |      | Y      | 80% OF BILLED |
| L7186* |          | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO  |      | Y      | 80% OF BILLED |
| L7190* |          | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC    |      | Y      | 80% OF BILLED |
| L7191* |          | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR  |      | Y      | 80% OF BILLED |
| L7260* |          | ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL                |      | Y      | 80% OF BILLED |
| L7261* |          | ELECTRONIC WRIST ROTATOR FOR UTAH ARM                      |      | Y      | 80% OF BILLED |
| L7266* |          | SERVO CONTROL STEEPER OR EQUAL                             |      | Y      | 80% OF BILLED |
| L7272* |          | ANALOGUE CONTROL UNB OR EQUAL                              |      | Y      | 80% OF BILLED |
| L7274* |          | PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL                 |      | Y      | 80% OF BILLED |
| L7360* |          | SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH                   |      | Y      | 80% OF BILLED |
| L7362* |          | BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL                |      | Y      | 80% OF BILLED |
| L7364* |          | TWELVE VOLT BATTERY UTAH OR EQUAL EACH                     |      | Y      | 80% OF BILLED |
| L7366* |          | BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL                  |      | Y      | 80% OF BILLED |
| L7367* |          | REPLACEMNT LITHIUM IONBATTER                               |      | Y      | \$317.49      |
| L7368* |          | 3ITHIUM ION BATTERY CHARGER                                |      | Y      | \$411.57      |
| L7499* |          | UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED         |      | Y      | 80% OF BILLED |
| L7500* |          | REPAIR OF PROSTHETIC DEVICE HOURLY RATE                    |      | Y      | 80% OF BILLED |
| L7510* |          | REPAIR PROSTHETIC DEVICE REPAIR OR REPLACE MINOR PARTS     |      | Y      | 80% OF BILLED |
| L7520* |          | REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES    |      | Y      | 80% OF BILLED |
| L7900* |          | VACUUM ERECTION SYSTEM                                     |      | Y      | 80% OF BILLED |
| L8000* |          | BREAST PROSTHESIS MASTECTOMY BRA                           |      | Y      | 80% OF BILLED |
| L8001* |          | BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST  |      | Y      | \$101.17      |
| L8002* |          | BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST  |      | Y      | \$133.08      |
| L8010* |          | BREAST PROSTHESIS MASTECTOMY SLEEVE                        |      | Y      | 80% OF BILLED |

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|--------|----------|--|------|--------|---------------|
| L8015* |          | EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC        |      | Y      | \$44.13       |
| L8020* |          | BREAST PROSTHESIS MASTECTOMY FORM                                  |      | Y      | 80% OF BILLED |
| L8030* |          | BREAST PROSTHESIS SILICONE OR EQUAL                                |      | Y      | 80% OF BILLED |
| L8035* |          | CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL          | Y    | Y      | \$2,849.62    |
| L8039* |          | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED                          |      | Y      | 80% OF BILLED |
| L8040  |          | NASAL PROSTHESIS   | Y    | Y      | \$1,182.07    |
| L8041  |          | MIDFACIAL PROSTHESIS   | Y    | Y      | \$1,424.85    |
| L8042  |          | ORBITAL PROSTHESIS   | Y    | Y      | \$1,600.95    |
| L8043  |          | UPPER FACIAL PROSTHESIS  | Y    | Y      | \$1,793.07    |
| L8044  |          | HEMI-FACIAL PROSTHESIS   | Y    | Y      | \$1,985.18    |
| L8045  |          | AURICULAR PROSTHESIS   | Y    | Y      | \$1,259.51    |
| L8046  |          | PARTIAL FACIAL PROSTHESIS  | Y    | Y      | \$1,280.76    |
| L8047  |          | NASAL SEPTAL PROSTHESIS  | Y    | Y      | \$656.39      |
| L8048  |          | UNSPECIFIED MAXILLOFACIAL PROSTHESIS                               |      | Y      | 80% OF BILLED |
| L8049  |          | REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR, 15 MIN. |      | Y      | \$20.45       |
| L8100* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE MEDIUM               |      | Y      | \$28.71       |
| L8110* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE HEAVY                |      | Y      | \$28.71       |
| L8120* |          | ELASTIC STOCKING BELOW KNEE SURGICAL                               |      | Y      | \$28.71       |
| L8130* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE MEDIUM               |      | Y      | \$28.71       |
| L8140* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE HEAVY                |      | Y      | \$28.71       |
| L8150* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE SURGICAL             |      | Y      | \$28.71       |
| L8160* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH MEDIUM              |      | Y      | \$28.71       |
| L8170* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY               |      | Y      | \$28.71       |
| L8180* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY               |      | Y      | \$28.71       |
| L8190* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS MEDIUM                 |      | Y      | \$28.71       |
| L8200* |          | ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS SURGICAL               |      | Y      | \$28.71       |
| L8210* |          | GRADIENT COMPRESSION STOCKING CUSTOM MADE                          |      | Y      | \$80.28       |
| L8220* |          | GRADIENT COMPRESSION STOCKING LYMPHEDEMA                           |      | Y      | \$28.71       |
| L8230* |          | GRADIENT COMPRESSION STOCKING GARTER BELT                          |      | Y      | 80% OF BILLED |
| L8239* |          | GRADIENT COMPRESSION STOCKING NOT OTHERWISE SPECIFIED              |      | Y      | 80% OF BILLED |
| L8300* |          | TRUSSES SINGLE WITH STANDARD PAD                                   |      | Y      | 80% OF BILLED |
| L8310* |          | TRUSSES DOUBLE WITH STANDARD PADS                                  |      | Y      | 80% OF BILLED |
| L8320* |          | TRUSSES ADDITION TO STANDARD PADS WATER PAD                        |      | Y      | 80% OF BILLED |
| L8330* |          | TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD                      |      | Y      | 80% OF BILLED |
| L8400* |          | PROSTHETIC SHEATH BELOW KNEE EACH                                  |      | Y      | 80% OF BILLED |



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|--------|----------|--|------|--------|---------------|
| L8410* |          | PROSTHETIC SHEATH ABOVE KNEE EACH                                |      | Y      | 80% OF BILLED |
| L8415* |          | PROSTHETIC SHEATH UPPER LIMB EACH                                |      | Y      | 80% OF BILLED |
| L8417* |          | PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH            |      | Y      | \$57.91       |
| L8420* |          | PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH                     |      | Y      | 80% OF BILLED |
| L8430* |          | PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH                     |      | Y      | 80% OF BILLED |
| L8435* |          | PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH                     |      | Y      | 80% OF BILLED |
| L8440* |          | PROSTHETIC SHRINKER BELOW KNEE EACH                              |      | Y      | 80% OF BILLED |
| L8460* |          | PROSTHETIC SHRINKER ABOVE KNEE EACH                              |      | Y      | 80% OF BILLED |
| L8465* |          | PROSTHETIC SHRINKER UPPER LIMB EACH                              |      | Y      | 80% OF BILLED |
| L8470* |          | PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH               |      | Y      | \$17.51       |
| L8480* |          | PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH               |      | Y      | \$17.51       |
| L8485* |          | PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH               |      | Y      | \$9.24        |
| L8490* |          | ADD TO PROSTHETIC SHEATH/SOCK AIR SEAL SUCTION RETENTION SYS     |      | Y      | \$96.60       |
| L8499* |          | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC                  |      | Y      | 80% OF BILLED |
| L8500* |          | ARTIFICIAL LARYNX ANY TYPE                                       |      | Y      | 80% OF BILLED |
| L8501* |          | TRACHEOSTOMY SPEAKING VALVE                                      |      | Y      | 80% OF BILLED |
| L8505* |          | ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE      |      | Y      | 80% OF BILLED |
| L8507* |          | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, |      | Y      | \$33.78       |
| L8509* |          | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED      |      | Y      | \$88.07       |
| L8510* |          | VOICE AMPLIFIER  |      | Y      | \$203.82      |
| L8699* |          | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED                       |      | Y      | 80% OF BILLED |
| V2623  |          | PROSTHETIC EYE PLASTIC CUSTOM                                    | Y    | Y      | \$1,002.93    |
| V2624  |          | POLISHING/RESURFACING OF OCULAR PROSTHESIS                       | Y    | Y      | 80% OF BILLED |
| V2625  |          | ENLARGEMENT OF OCULAR PROSTHESIS                                 | Y    | Y      | 80% OF BILLED |
| V2626  |          | REDUCTION OF OCULAR PROSTHESIS                                   | Y    | Y      | 80% OF BILLED |
| V2627  |          | PROSTHETIC EYE SCLERAL COVER SHELL                               | Y    | Y      | 80% OF BILLED |
| V2628  |          | FABRICATION AND FITTING OF OCULAR COMFORMER                      | Y    | Y      | \$292.98      |
| V5266  |          | BATTERY FOR USE IN HEARING DEVICE                                |      |        | \$1.21        |
| W2934  |          | PKU METABOLIC FOOD   |      |        | 80% OF BILLED |